North Carolina
Child and Family Leadership Council

January 2012 Report To The

Office of the Governor
Joint Appropriations Committees and Subcommittees on Education
Joint Appropriations Committees and Subcommittees on Justice and Public Safety
Joint Appropriations Committees and Subcommittees on Health and Human Services
Fiscal Research Division of the Legislative Services Office

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Pursuant to Session Law 2011-145, Section 10.15, the North Carolina Child and Family Leadership Council (NCCFLC) submits its January 2012 Legislative Report to the Office of the Governor; the Joint Appropriations Committees and Subcommittees on Education; the Joint Appropriations Committees and Subcommittees on Justice and Public Safety; the Joint Appropriations Committees and Subcommittees on Health and Human Services; and the Fiscal Research Division of the Legislative Services Office.

Respectfully Submitted,

The North Carolina Child and Family Leadership Council

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Executive Summary

"This program has been instrumental in the success of my students and teachers over the past 3 years. Our academic performance and attendance have improved. We have been able to direct our students and their families to outside resources that have provided necessary support to enable students to excel in school. This program is absolutely the most beneficial of all state funded programs that I have ever been aware of in North Carolina. I have been a NC educator for 27 years." – Principal of a CFST School

The program referred to above is the School-based Child and Family Support Team Initiative (CFST). The CFST Initiative is a school-based program that placed 100 nurse-social worker teams in schools in 21 local education agencies (LEAs) across the state primarily beginning during the 2006-2007 school year. Currently there are 79 fully funded CFST teams. These teams are charged with identifying youth who are at-risk for academic failure or out-of-home placement and supporting these students and their families through the use of Child and Family Teams. Community partners, including the Department of Social Services, the Local Management Entities, the Department of Juvenile Justice and Delinquency Prevention, the local District Courts, and Local Health Departments, are required participants.

This report provides information collected by the Center for Child and Family Policy at Duke University as part of the evaluation of this program. This report focuses on two types of measures. The first is process information regarding the number of children referred to the program and participating in Child and Family Team (CFT) meetings. The second is formative feedback on the program from key program participants. Below, we document key highlights from the report.

During the 2010-2011 school year, the CFST Initiative continued to serve a large number of children and families.

- 8,285 students were referred to the program.
    - Referrals came from a variety of sources including teachers (29%), CFST leaders (24%), principals (12%) and parents (11%).
    - About 55 percent of the students referred were male and 45 percent were female. About 52 percent were African-American, 34 percent were Caucasian and the remaining 14 percent were either Native American (about 3%) or other identified races.
- 14,890 Child and Family Team meetings were conducted by CFST staff.
    - The needs that were identified and addressed during these meetings were diverse. The most common needs that were being addressed during these meetings included inappropriate behavior, excessive absences and health concerns.
- 4,865 home visits with families were successfully completed by CFST staff.

- On average, each team completed 62 home visits.

CFST Leaders Report Connecting Youth and Families with Different Types of Community Supports.

- Nearly all (169 out of 172) CFST leaders reported needing a mental health representative at a CFT meeting. Approximately three-quarters of nurses and social workers reported that it was *"fairly easy"* or *"very easy"* to have someone from this agency attend meetings. Most leaders (90.3%) reported that they were successful in accessing services from these providers.
- Most CFST leaders reported needing a representative from the Department of Social Services at a team meeting (159 of 172). While over half reported that this was *"fairly easy"* or *"very easy"*, 37.1 percent reported having some difficulty in doing so and another 6.3 percent reported that they tried but were unsuccessful. Despite some difficulty, most leaders (91.3%) reported that they were successful in accessing services from these providers.
- Two-thirds of CFST leaders also reported trying to access care from health care providers for the students and families that they served (113 out of 165). Only 6.2 percent reported that this was *"very easy"* with an additional 31.9 percent reporting that this was *"fairly easy"*. Over half reported that this was accomplished with some difficulty or that they had been unsuccessful. Despite the reported difficulty in accessing services, 93.5 percent of leaders reported being *"somewhat successful"* or *"very successful"* in accessing services for families.
- Roughly one quarter of CFST leaders wanted to access substance abuse services for the youth and families that they served (46 of 173). About half (52%) reported that was difficult or that they were unsuccessful in getting a substance use treatment provider to attend. Among services that CFST leaders needed for the families they served, CFST leaders reported that substance abuse treatment services were the most difficult services to access.

CFST leaders identified some areas for programmatic support.

- There was some concern about safety during home visits among CFST leaders. 17.9 percent reported being worried more than once at a home about their safety.
- About half of nurses and social workers reported working on non-CFST activities for at least 25 percent of their time in school. The number of hours spent on non-CFST activities was statistically significantly greater for nurses than for social workers (14 hours vs. 9.3 hours).
- Although having a coach or consultant can improve one's ability to perform his or her job, only 48 percent of CFST leaders indicated that they had a mentor for their current work.

Principals reported high levels of satisfaction with the CFST program.

- Principals reported that the CFST program was *"very successful"* or *"somewhat successful"* in identifying vulnerable youth (71.4% "very successful" and 13.2% *"somewhat successful"*), connecting youth and families to services (70.3% *"very successful"* and 13.2% *"somewhat successful"*), following-up with youth and families about recommended services (65.9% *"very successful"* and 18.7% *"somewhat successful"*) and positively impacting the school overall (61.5% *"very successful"* and 20.9% *"somewhat successful"*). It should be noted that 10-12 percent of principals reported that the teams were *"very unsuccessful"* at achieving these items.
- Although principals noted relatively high levels of satisfaction in the following areas, these areas received lower ratings than in the areas related to service provision. Principals reported that the program was *"very successful"* or *"somewhat successful"* in improving academic performance (31.9% *"very successful"* and 49.5% *"somewhat successful"*), behavioral outcomes (41.8% *"very successful"* and 39.6% *"somewhat successful"*) and school attendance (47.8% *"very successful"* and 35.6% *"somewhat successful"*).
- 80.2 percent of principals indicated that they had assigned specific priorities to the CFST nurse-social worker teams. The most common priorities were attendance, academics, linking students and families to services, behavior issues, truancy and tardiness issues.
- Principals reported that their schools offered administrative facilitative support through several different mechanisms. Many principals reported that they helped with logistics to help make the CFT meetings run better (supplies, space, etc…), encouraging collaboration with other staff in the school, and many mentioned how the school helped gather resources for families' and students' needs (such as transportation, financial assistance, various health care needs, and food insecurity).

Community partners shared their perspectives of the initiative.

- Community Partner Perspectives (Department of Social Services (DSS), Local Management Entity (LME) and the Department of Juvenile Justice and Delinquency Prevention (DJJDP)):
    - One of the principals of the CFST program is "one child, one team, one plan". Community partners were asked the degree to which they could use the plan developed through the CFST program as their own. Only 29.1 percent of partners said that they could completely use this plan (DSS 5.0%, DJJDP 22.2%, LME 64.7%).
    - The ability to use the plan developed through the CFST model was mirrored in the percentage of respondents that said the CFST service plan could replace some of their agencies planning documents (DSS 23.8%, DJJDP 38.9%, LME 71.4%).

Parents and students served by the program report high levels of satisfaction with the CFST Initiative and indicate that it is helping their child in school and at home.

- Approximately 90 percent of parents *"agreed"* or *"strongly agreed"* that the CFST program helped their child be more successful at school. About 85 percent of parents indicated that the CFST program helped their child or family outside of school.

Parents and students indicate that they are being treated with respect throughout the CFST process.

- Parents reported that the CFST leaders treated them respectfully. For example, parents reported that the school nurse-social workers treated them as partners in the planning process (77.9% *"strongly agree"* and 22.1% *"agree"*); that the team used what parents said about their child and family to develop a plan (73.1% strongly agree and 26.5% agree); and that people from other agencies who attended the meeting treated them as partner in the planning process (70.5% *"strongly agree"* and 29.1% *"agree"*).
- 90.7% of students believed that the CFST program built upon their strengths.

Recommendations:

Develop a template for how to hire potential new CFST leaders. The skills and attributes of those hired into the CFST leader positions are important to the success of the program. Although the legislation mandates certain academic qualifications, there are additional criteria that could help identify those applicants that are most likely to succeed in these positions. Some skills can be learned on the job but, given relatively few dollars for training, considering the experiences and knowledge of a candidate is important. Having a checklist of items to address during the interview could help school districts ensure that they hire individuals who have a firm understanding of this new innovative program and who are best prepared to be a CFST leader.

Review how LEAs evaluate the performance of CFST leaders. How an individual's performance is evaluated can affect which competing job duties are given priority. Connecting CFST leaders' performance reviews to model components, such as having CFT meetings centered on when the family can meet, having good working relationships with community partners, identifying at-risk youth, and helping to improve student academic outcomes, could help to ensure that the CFST program is implemented with a high degree of fidelity.

Continue to revisit the program model with all local stakeholders of the program. Respondents' perceptions of the importance of key model components varied. For example, community agencies recognize the CFST model as a key means for connecting community supports with the schools. At the same time, CFST leaders are cognizant that cross-agency collaboration, while important, can be time consuming. Revisiting the core program principles and alleviating barriers to implementing each aspect will help to ensure that the program is implemented consistently and rigorously.

Work with state and local agencies to streamline service planning documents across agencies. Currently, most agencies report that they need to use their own forms and plans for working with students and families. However, the goal of the CFST model is for there to be one child, one team, one plan. Streamlined paperwork could amount both to a more efficient process for state agencies as well as better outcomes for families because the demands placed on the families would be streamlined.

Continue efforts to improve cross-agency collaboration. Key stakeholders in the initiative mentioned difficulty connecting with other partners. The program should consider ways to facilitate better communication and collaboration across agencies.

Introduction

This is the thirteenth report[1] submitted by the NCCFLC, and it fulfills its legislative mandate to submit such by January 1, 2012. It presents information concerning the activities of North Carolina's School-based Child and Family Support Team (CFST) Initiative through December 31, 2011. It is intended to supplement the NCCFLC's July 2011 Legislative Report. The July 2011 report focused on identifying measurable indicators of well-implemented Child and Family Team (CFT) meetings and examining whether these measures predict differences in student outcomes, including receipt of service and improvement in academic scores. It also examined whether the CFST program is linked to better outcomes for the students in CFST schools. The current report focuses formative information from results of the surveys completed by the CFST nurses, social workers, school principals, senior school system managers, parents, students and community partners (including the county Departments of Social Services (DSS), the Local Management Entities (LME) and the Department of Juvenile Justice and Delinquency Prevention (DJJDP) District Courts staff members). Some of the comments from those surveys are included below. They illustrate that the CFST Initiative is fulfilling its purpose and mission by providing a distinct service to students who would most likely "fall through the cracks" of other services and fail academically.

Two types of data are included in this report. The first is information on process measures that occurred from July 1, 2010, through June 30, 2011, as reported through the CFST case management system. CFST nurses and social workers enter information in the case management system regarding the work they are doing for the students served by the CFST. The Center for Child and Family Policy at Duke University receives de-identified data that have been linked to administrative databases from DPI, DSS and DJJDP to assess the impact of the CFST services on the individual students, their schools and their school systems. Information from cross-agency data systems are reported in the July report. The case management system data are also used by the evaluation team, CFST program coordinators, nurses, social workers, senior staff and principals from the CFST school systems via a series of administrative reports accessible on a web site created and managed by the evaluation team. These reports allow authorized stake holders to track and use process data concerning the numbers of students served, their needs and the services they receive throughout the course of their involvement in the CFST.

This report uses process data to describe activity that has occurred in the CFST from July 1, 2010, through June 30, 2011. It shows the number of students identified through the referral

[1]Previously submitted reports may be accessed through the CFST web site at http://www.ncdhhs.gov/childandfamilyteams/publications/index.htm.

process, how many Child and Family Team (CFT) meetings have been held, service plans developed and the extent of follow up those plans are receiving from the teams.

The second source of information comes from surveys of key partners in the CFST Initiative (CFST nurse/social worker leaders, LEA coordinators, school principals, community partners, and the parents and students being served), that are tailored to their specific role in the program. The CFST nurse/social worker leader survey was designed to assess programmatic features of the CFST Initiative and to help determine whether the fidelity of the model was upheld. The LEA coordinator survey was designed to assess information regarding their involvement with the CFST Initiative and the perception of the effects of the CFST Initiative. Principals of schools participating in the CFST Initiative were surveyed to collect information regarding their perceptions of the CFST program. Community partners completed a survey that collected information regarding their involvement with the CFST Initiative, as well as gathered information regarding their perceptions of the effects of the initiative. Students and parents participating in the CFST Initiative were surveyed about their familiarity with the program and their perceptions of the quality of the care provided during the team meetings and the overall CFST Initiative.

Session Laws Concerning the Authorization and Continuation of the CFST Initiative

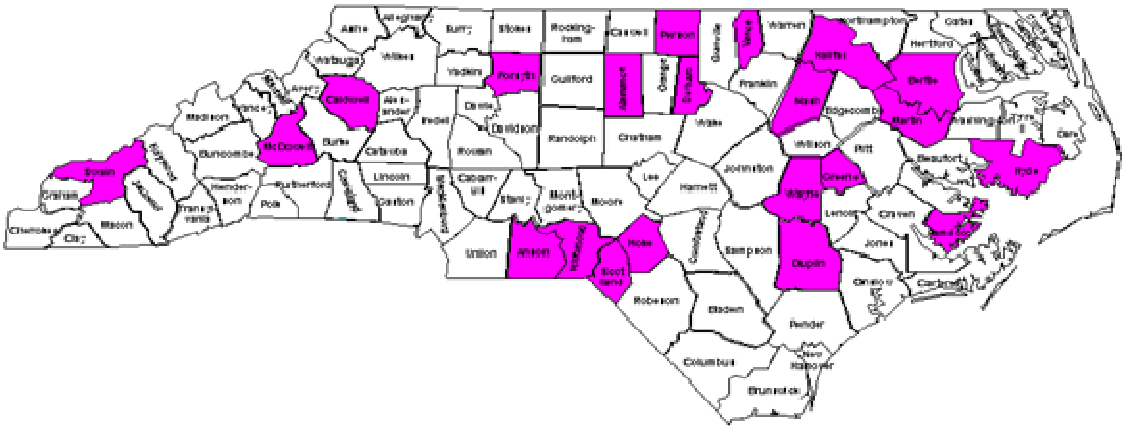
The CFST program was originally authorized and funded in the 2005 session of the North Carolina General Assembly through the enactment of Session Law 2005-276, Senate Bill 622, "2005 Appropriations Act." That budget provided 11 million dollars for the salaries and fringe benefits for teams of 100 nationally-certified school nurses and licensed school social workers.

In January 2006, 21 school systems were selected to participate in the CFST Initiative. The participating sites were selected based on the following criteria:

- Identified academic, social and health needs of children and families in selected school systems;
- Demonstrated commitment of the school system and their health, mental health and social service partners to work together to address the needs of children and families;
- Geographic diversity statewide; and
- Readiness to implement at the community and school level.

A North Carolina map, including the 21 counties participating in the CFST Initiative, is shown below (see Figure 1). It illustrates the geographic and rural/metropolitan composition of the initiative.

Figure 1. Map of the 21 LEAs implementing the CFST model



The LEAs were authorized to begin hiring nurses and social workers in March 2006. It was not until the beginning of the 2006-2007 school year that the 100 teams of nurses and social workers began working in 101 schools.[2] In 19 LEAs (Alamance/Burlington, Anson, Bertie, Caldwell, Duplin, Winston-Salem/Forsyth, Greene, Halifax, Hoke, Hyde, Martin, McDowell, Nash/Rocky Mount, Pamlico, Person, Richmond, Scotland, Swain and Vance), all nurses and social workers are employees of the LEAs. In Wayne Public Schools, the social workers are employees of the LEA and the nurses are provided through a contract with Wayne Memorial Hospital. Originally, in Durham Public Schools, the social workers were provided through a contract with the Durham County Department of Social Services and the nurses through a contract with the Durham County Health Department. Beginning with the current school year, Durham has begun hiring the nurses themselves while continuing to contract with the DSS for the social workers.

In its 2006 session, the General Assembly continued to support the CFST Initiative through the allocation of recurring state funding to LME and DSS agencies to hire the previously-legislatively required care coordinators and facilitators. This was included in the June 30, 2006, "Joint Conference Committee Report on the Continuation, Expansion and Capital Budgets." This funding provided $523,638 for LME Care Coordinators and $420,804 for local DSS Facilitators.

Through Session Law 2007-323, "2007 Appropriations Act," the General Assembly continued its authorization and funding for the nurse/social worker teams as well as the DSS- and LME-

[2]See Attachment 1: "2006-2007 Participating Local Education Agencies and Schools" for the selected school systems and schools.

connected agency partners. The only change to the Initiative's authorizing legislation was to make the Director of any school-based or school-linked health center located within the catchment area of a CFST school mandated members of the community's CFST Local Advisory Committee.

In Session Law 2009-457, the "2009 Appropriations Act," the CFST Initiative was reauthorized and funded through the re-enactment of the "2007 Appropriations Act."[3] This budget reduced the funds allocated for the nurses and social workers by about 10 percent or $1,252,183. Each of the 21 school systems received 10 percent less funds than they had the previous budget year. The DHHS administered funds for the connected DSS and LME positions were unaffected by this budget reduction. The school systems reported that they were able to manage the reduction in such ways as to not have to reduce the number of participating schools or nurse/social worker teams. The reduction did affect the capacity of some school systems to fund the ongoing operations of the CFST Initiative locally. Some of the more impacting limitations reported include their capacity to make home visits to families, purchase supplies and obtain staff development (necessary to maintain licensure and certification) for the nurses and social workers.

The "2010 Appropriations Act" further reduced the allocations for the nurses and social workers by 21.4 percent or $2.5 million. The total allocation was $9.2 million, or almost $2 million below the original 2006 allocation. Each of the school systems received allocations reduced in dollar amounts equal to one social worker position and one 10-month nurse position. While this may be seen as an "across the board" reduction, the school systems experienced its impact in varying degrees of severity depending on how many CFST teams they were originally allocated. A school system with 7 original teams lost 1/7 of its total funds, while the one system (Hyde County) with 2 original teams lost 1/2 of its total allocation.

The impact of the 2010 reduction was that the CFST Initiative lost the capacity to fund 21 teams of nurses and social workers. It left a total of 79 CFST Initiative-funded teams in 21 originally selected school systems across the state. During the school year, 92 schools were served in some capacity by CFST services. Some of the schools received partial services due to the fact that one team may have served more than one school. This was the case in Hyde (1 team in the county to 3 schools), Anson (1 of 4 teams in the county served 2 of their 5 schools), and Caldwell (1 team non-CFST funded served 1 school half time and a non-CFST school at other times). At that

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[3]For greater detail concerning the legislative history of the CFST Initiative, the reader may access the legislation on the General Assembly's web site.
The 2005 legislation is at http://www.ncleg.net/Sessions/2005/Bills/Senate/HTML/S622v9.html
The 2006 is at http://www.ncleg.net/sessions/2005/budget/2006/budgetreport6-30.pdf
The 2007 is at http://www.ncleg.net/Sessions/2007/Bills/House/PDF/H1473v10.pdf
The 2009 is at http:/www.ncleg.net/Sessions/2009/Bills/Senate/PDF/202v8.pdf

time, 8 school systems were able to find flexible funds to continue providing CFST services on a full-time basis in their schools. They were Duplin, Greene, Martin, McDowell, Pamlico, Scotland, Swain and Winston-Salem/Forsyth. At that time, they each reported that they were uncertain if funds would be available to continue services at the same level next year.[4]

While the "2011 Appropriations Act" maintained funding for the 79 teams of nurses and social workers, it eliminated 100 percent of the funding for the connected DSS Facilitator and LME Care Coordinator positions while continuing to require the agencies appoint specific staff members to continue serving in the same capacities as before the cuts. As a result, the school systems report that the nurses and social workers have a reduced capacity to connect with those agencies in their efforts to get services for students and families. See Table 1 for a summary of changes in session laws that affect the CFST model.

The budget also included reductions to DPI Instructional Support, Non-Instructional Support and Central Office allocations received by the local school systems. These reductions have caused some of the school systems to eliminate staff positions assigned as CFST Coordinators – and assign the duties to other employees who already had full workloads. In effect, this loss in supervision and support has reduced the effectiveness of the Initiative. The school systems report that the loss of funds has caused them to lose school-based positions such as teacher's assistants and clerical support staff. As a result, the nurses and social workers are being asked to engage in more activities not related to the Initiative. These include such things as test proctoring, lunch room monitoring and signing late students into school. The loss of these school funds has directly caused the Initiative to lose effectiveness as the teams face an increasing amount of needy students with fewer school based, DSS, and mental health resources.

Budget reductions have also caused a loss in the flexible funds used by the 8 school systems mentioned above to fund staff to provide CFST services. This loss has necessitated 4 of them to eliminate the CFST Initiative in those "extra" schools. Duplin, Martin, McDowell and Winston Salem/Forsyth have been able to maintain teams using flexible funds. Greene, Pamlico, Scotland and Swain have eliminated their extra teams. In an effort to keep staff employed and maximize the effectiveness of personnel resources to continue serving in 3 schools, Swain County Schools has also reduced the number of hours the nurses and social workers work. They now work 32 hours per week instead of the 40 that had been the case since 2006. As of August 2011, the CFST Initiative consists of 84 teams serving in 86 schools in the original 21 school systems.

[4]See Attachment 2: "2010 – 2011 School-Based Child & Family Support Team Initiative Selected School Systems and Schools"

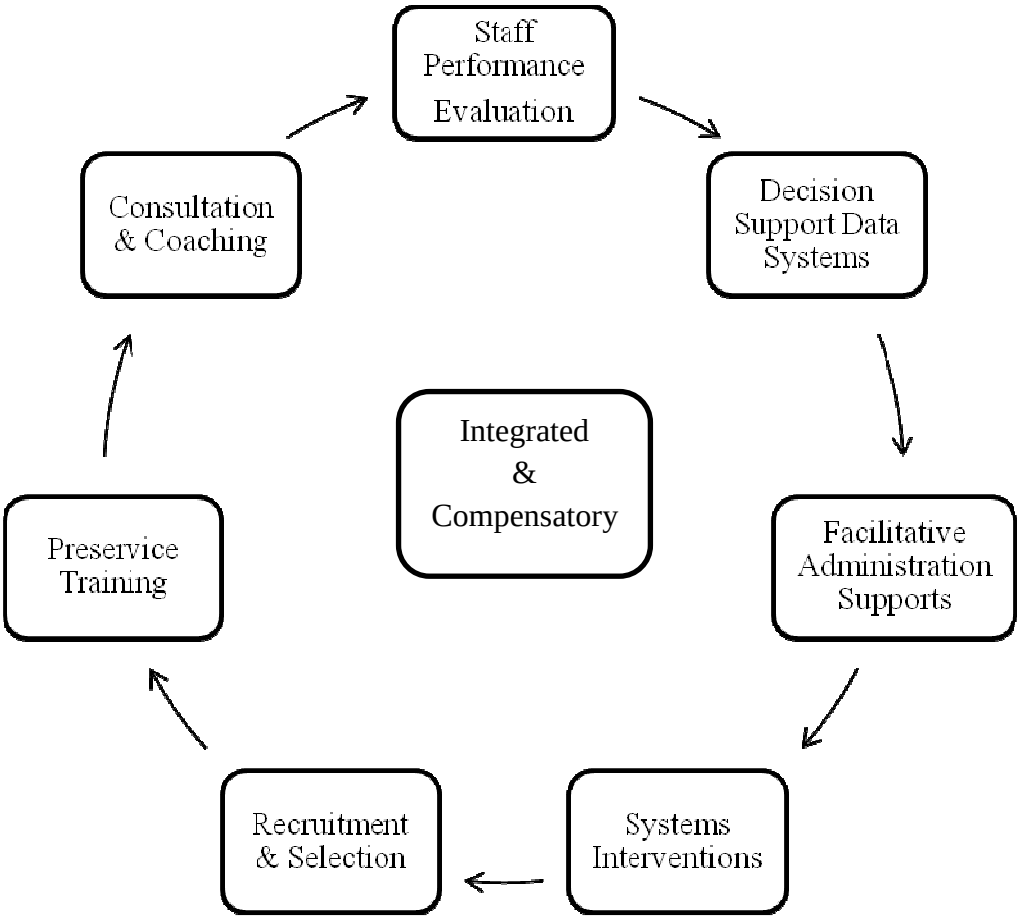
Table 1. Summary of changes in session laws that affect the CFST model	
§2005-276	1) Authorizes the CFST initiative. 2) Provides $11 million to hire 100 nurse-social worker teams.
§2006-1741	1) Allocates $523,638 for LME Care Coordinators and $420,804 for local DSS Facilitator.
§2007-323	1) Made the director of any school-based or school-linked health center located within the CFST catchment area mandated members of the community's CFST Local Advisory Committee.
§2008-107	1) No changes in legislation or funding.
§2009-457	1) Reduces allocation for the nurse-social worker by ~10%. 2) Each LEA receives 10% less funds than they did the prior year.
§2010-31	1) Reduces allocation for the nurse-social worker positions by 21.4% (almost $2 million). 2) Each LEA lost an amount equal to 1 social worker position and 1 nurse.
§2011-145	1) Eliminates all funding for the DSS Facilitator and LME Care Coordinator positions. 2) Appointed staff still required for each agency.

Applying Implementation Science to the CFST Initiative

The CFST Initiative is an innovative program that is being implemented at a large scale (in 79 schools operating in 21 LEAs). The program is grounded in System of Care principles and uses the child and family team process that others have demonstrated to be effective in improving outcomes for youth from populations at-risk for poor outcomes. One lesson from human services research is that often programs have a more challenging time achieving results when they are implemented on a large scale. One reason for this is that, as the program is implemented on a large scale, core components are not implemented with fidelity.

To offer insight as part of an ongoing formative evaluation, we use a framework developed by Fixsen et. al. (2009) and investigate some aspects of implementation fidelity (see Figure 2). As noted by Fixsen et. al. (2009) a human service innovation can take 2-4 years to fully implement. This report examines responses from the end of the fifth year of program implementation, an ideal time to examine the degree to which the program has been implemented with fidelity.

Figure 2. Core components that work together to implement and sustain the effective use of human service innovations such as evidence-based programs.



Source: Fixsen, D. L., K. A. Blase, et al. (2009). "Core Implementation Components." Research on Social Work Practice May: 1-10.

Of the seven core components described by Fixsen (2009), this report examines:

- Recruitment and Selection: The methods for recruiting and selection need to carefully consider what skills are needed in order to fulfill the job duties. While some skills can be taught in training, there is not always sufficient resources and time for training to accommodate the acquisition of new skills. Beyond academic qualifications, some traits are more or less difficult to acquire through on-the-job training and coaching.
- System Interventions: These are strategies to work with external systems to ensure the necessary resources (financial, organizational, human resources) are available to support the work of the CFST leaders. Examples of system interventions for the CFST leaders could include shared forms, co-location of services or streamlined communication to name a few.

- Coaching and Consultation: While skills may be introduced during training, valuable experience and improvement of skills occurs by performing the job. Receiving feedback on job performance, as well as having individuals from whom to seek advice, is an important part of improving one's ability to perform the job.
- Staff Performance and Evaluation: Staff performance evaluations should be a time to assess the staff member's use and outcomes of the skills that are a component of the selection process, taught in training and groomed through the coaching process.
- Facilitative Administration Supports: Policies, procedures, structure, culture and climate within the school should be aligned with the CFST leaders' needs for implementing the model.

Previous reports have examined service training (January 2010) and decision support data systems (July 2010). For the CFST Initiative, service training refers to the training that leaders receive for identifying students, facilitating team meetings and conducting home visits as well as information that is specific to the community and organization within which they work. Decision support systems allow for frequent reports of both process and outcomes data that help the organization improve their efficiency and the results they achieve.

Process Measures for the CFST Initiative

Identification and Referrals

The authorizing legislation requires that the CFST teams "identify and screen children who are potentially at-risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors." This is accomplished through the use of a standardized referral process that centers on the review of school records (truancy, discipline, grades) as well as by student observation by the nurses and social workers, use of health assessments and screenings, teacher and principal referrals, and referrals from agency partners and the students and parents themselves.

Data from the case management system show that nurses and social workers identify about 24 percent of the students who are referred to the CFST program. Other significant referral sources include teachers (about 29%), principals (about 12%) and parents of the students (about 11%).

When it is remembered that the target population of the CFST Initiative is the most at-risk students, it is significant that parents (who often times have had negative experiences in the schools themselves) account for a significant proportion of referrals. This would seem to show that the CFST Initiative is becoming more successful in its mission to be accepted as a resource of choice to parents who otherwise would not ask a professional agency to become involved in their lives. Table 2 illustrates the number of students newly identified by the teams from July 1, 2010, through June 30, 2011.

Table 2: Number of referred/identified students by school system (8,285 total) July 1, 2010-June 30, 2011

County	# Students	County	# Students
Alamance	506	Martin	404
Anson	381	McDowell	284
Bertie	405	Nash-Rocky Mount	403
Caldwell	272	Pamlico	278
Duplin	506	Person	164
Durham	321	Richmond	426
Forsyth	500	Scotland	915
Greene	460	Swain	219
Halifax	255	Vance	440
Hoke	375	Wayne	628
Hyde	143		

Source: Authors' tabulations of the CFST Case Management System

Of the 8,285 student referrals, approximately 55 percent of the students referred were male and 45 percent were female. About 52 percent were African-American, 34 percent were Caucasian and the remaining 14 percent were either Native American (about 3%) or other identified races. Approximately 12 percent of referred students were Hispanic. Overall, 51.9 percent were from elementary schools, 28.8 percent were from middle schools, and 19.3 percent were from high schools.

Once a student is brought to the attention of the school-based teams, a screening process occurs to ensure that a) the CFST program is a good match for the student's and family's needs and that b) the student and family is not already being served by the system in another manner. This assures, as much as possible, that there is no duplication of services and that resources (financial and staff) are being utilized as efficiently as possible. This fulfills the legislative requirement that services "be the most efficient in terms of cost and effectiveness."

The screening process requires the nurses and social workers to complete a standardized tool. The tool was developed through a joint process involving local and State stakeholders over the summer of 2011. The nurse/social worker leaders then had opportunity to discuss and revise it during regional meetings held in September 2011. This process modeled the principles of team decision making they would be asked to engage in when they hold CFST meetings with families. While it involved more work and took longer to complete, the end product was a tool "owned" by the nurses and social workers. Its use has been required since October 2011, and it has been well received and utilized since that time. The tool requires that the nurses and social workers ask four questions concerning the student:

1. Does the referred youth attend a school that is served by the CFST? If "yes," they proceed to question #2.

2. Does the student have a need that would cause him or her to be considered at-risk of school failure or out-of-home placement? If "yes," they proceed to question #3.

3. Is that need being adequately met by other services the student may be receiving? If "no" the student is considered a candidate for continued CFST services.

4. Does the referred student currently have an open CFST case? If "yes" they add the referral to the student's existing Case Management System's record, therefore eliminating duplicate entries.

Once a student has been screened as appropriate for CFST services, the nurses and social workers contact the family to introduce themselves, describe the CFST program, explain how the student came to their attention and offer their services. The CFST services are completely voluntary and the family is informed of their right to refuse them at any time. If the family

accepts the services, the team meets with them to begin the planning process for assessing and meeting the student's needs. This is accomplished through the use of CFST meetings.

Service Provision through Child and Family Team Meetings

The school-based teams plan and provide services using the same "one child, one team, one plan" process and model as that used by other child-serving agencies such as mental health and social services. This process uses family driven meetings called Child and Family Team meetings (CFT) to recognize family and student strengths, identify previously unknown needs and plan for needed services. The definition of a CFT meeting used by the school-based teams is the same as that used by other North Carolina child-serving agencies. As such, the CFST meets the legislative requirement to stress interagency collaboration and provide strengths-based individualized care. The agreed upon definition of CFT meetings is:

"Child and Family Team Meetings are times when family members and their community supports come together to create, implement and update a plan with the child, youth/student and family. The plan builds on the strengths of the child, youth and family and addresses their needs, desires and dreams."

This model of services places the family at the center of all planning, delivery and monitoring of services. This is required by the authorizing legislation and monitored by the State Program Coordinator through reports from the case management system and site visits. All services must be planned during CFT meetings, and the students' parents, guardians, caretakers, custodians or adults legally able to enroll them in school must be present during those meetings. The students also attend the meetings if they are age or developmentally appropriate. No meeting can be held, and therefore no plan for services made, without the family being present and participating in the meeting.

The meetings should be scheduled at times and in places convenient for the family, and they should occur off the school campus and outside of normal school hours if that is what the family needs. This allows for the family to meet their child's educational needs while not losing income due to missed work. In contrast, other school-based services often require families be notified and offered the opportunity to be involved in planning for services, frequently have more professionals involved in meetings with families than their informal supports, and frequently occur in the school buildings during the normal school day.

The team's membership is decided by the family with the help of the CFST nurses and social workers. It always includes the family, the student (if age and developmentally appropriate) and the CFST school staff. Others join the team as needed and are chosen by the family, with the assistance of the nurse-social worker teams. These may include staff members from other child serving agencies (mental health, social services, public health, juvenile court, etc.) as well as anyone who is important in the life of the student and family and who knows their strengths and

needs and can lend support. Ideally there should be more family members and members of the family's natural support system present at CFT meetings than professional staff.

There is no required time frame in which a meeting must be held (as required by some other agencies due to funding requirements). CFT meetings are held whenever the need to create a service plan arises, or to follow up on an existing plan. The family or other stakeholders may also request a meeting at any time.

Table 3 below shows the number of CFT meetings documented in the case management system by the nurse and social workers.

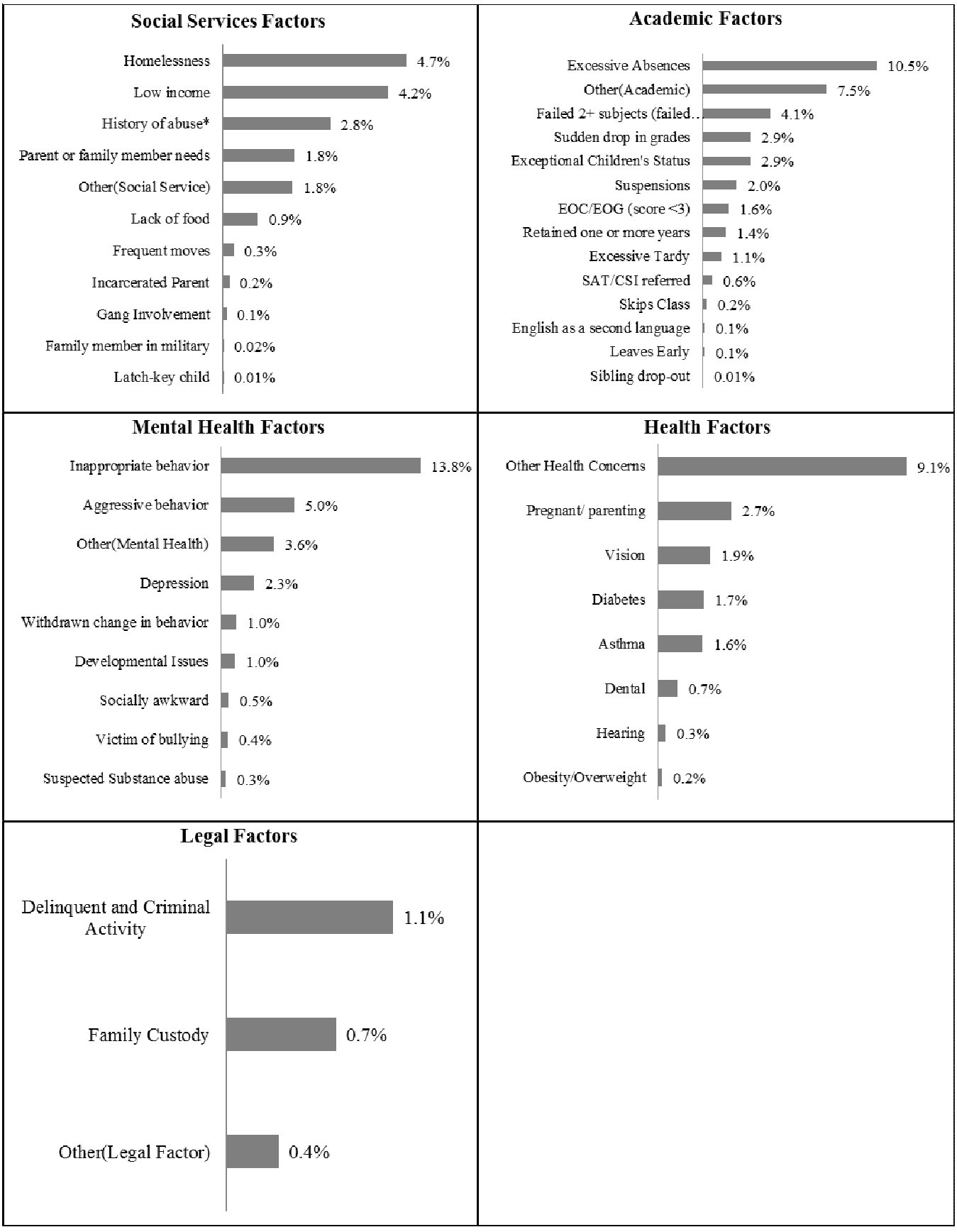
Table 3: Number of CFT Meetings By School System (14,890 total)
July 1, 2010-June 30, 2011

County	# Meetings	County	# Meetings
Alamance	691	Martin	674
Anson	492	McDowell	644
Bertie	578	Nash-Rocky Mount	701
Caldwell	904	Pamlico	466
Duplin	1147	Person	349
Durham	720	Richmond	964
Forsyth	820	Scotland	1235
Greene	945	Swain	424
Halifax	425	Vance	888
Hoke	626	Wayne	1021
Hyde	176		

Source: Authors' tabulations of the CFST Case Management System

About 76 percent of the meetings are held in the schools, 17 percent in the homes and the remaining seven percent in other locations such as DSS or DJJDP offices, doctors' offices, churches or a mental health provider's office. During the meetings the teams discuss the issues that most impact the student and his or her capacity to succeed in school or live in a stable household. The case management system data shows the complexity of need faced by at-risk students in schools, and the need for a service model that addresses them, by coordinating services across agencies in the communities. Figure 3 shows the primary unmet needs that are identified during team meetings. The most common reasons for referral were inappropriate behavior (13.8%), excessive absences (10.5%), and other health concerns (9.1%). According to one LEA other health concerns includes issues such as attention related issues, heart concerns, seizures, pain management, hygiene, chronic head lice, reproductive health issues and cancer to name a few.

Figure 3: Primary unmet need as identified during Child and Family Team Meeting (n=14,839)



*History of abuse/neglect/dependency/domestic violence.

Source: Authors' tabulations of the CFST Case Management System

The case management system data shows that 7,055 students had service plans developed for them between July 1, 2010, and June 30, 2011. For those students, 15,893 services were recommended. The number of services exceeds the number of plans because the plans for many students include multiple services to address all of the child and family needs. The system also shows that those plans were followed up on 14,738 times and 13,726 of the recommended interventions were received.

The most often planned interventions for the students during those meetings were as follows:

- School-based support services (about 19%)
- Support for the parent (about 13%)
- Referrals to private medical providers (about 10%)
- Referrals to private mental health providers (about 10%)

The school-based nurses and social workers are required to make home visits as often as needed during their provision of services. This allows them the capacity to meet the needs of a family experiencing transportation as a barrier and to accurately assess the family's situation while providing services. Table 4 shows the number of home visits made by the teams.

Table 4: Home Visits by School System, July 1, 2010-June 30, 2011

School System	# Completed Home Visits	# Attempted Home Visits
Alamance	231	130
Anson	106	19
Bertie	128	44
Caldwell	311	53
Duplin	201	119
Durham	210	52
Winston-Salem/Forsyth	377	132
Greene	403	93
Halifax	92	17
Hoke	210	64
Hyde	16	5
Martin	162	33
McDowell	79	7
Nash-Rocky Mount	341	46
Pamlico	102	33
Person	41	13
Richmond	429	214
Scotland	737	303
Swain	98	14
Vance	276	64
Wayne	315	81
Totals	4865	1536

Source: Authors' tabulations of the CFST Case Management System

The teams stay involved with a student's case until the services are no longer needed or another reason requiring closure is identified. Table 5 below illustrates the reasons cases were closed by percentage.

Table 5: Case Closure by Percentage July 1, 2010-June 30,2011	
Reason Closed	**%**
Objectives Met	35.9%
Promoted to Next School-level	13.5%
Moved within School District	13.5%
Moved to Different School District Within NC	8.8%
Other	6.0%
Parent Refused to Continue Within Program	5.0%
Referred to Other Services	4.3%
Moved to Different State	4.0%
Graduated	3.5%
Dropped Out of School	2.4%
Student Refused to Continue in Program	1.5%
Case Already Open	1.1%
In Custody of Another Agency	0.6%
Died	0.0%
Source: Authors' tabulations of the CFST Case Management System	

It is significant to note that a relatively small percentage of cases close because the parent (5%) or the student (1.5%) refuses to continue any longer. This suggests that once the most key stake holders (parents and students) are engaged in the program, they seem satisfied with the services and willing to stay involved in them. This is especially important when it is remembered that these same people frequently had negative experiences in school systems prior to the CFST program and were resistant to any "interference" in their lives.

Perspectives of Key Participants in the CFST Initiative

Data Collection Methods for the Spring 2011 Survey Data

The data presented below discuss the perspectives from the people who are involved with the CFST program. These include the CFST nurse/social worker leaders, the LEA coordinators, the school principals and the community partners, as well as the individuals who are served by the program.

The surveys for the 2010-2011 school year were designed to gain insight into several features of the model. Previous reports have described a conceptual model for how the CFST Initiative brings about changes for the students and families served. This report begins to examine specific elements of the CFT Meeting process to understand the extent to which elements/best practices of the model are essential to the operation of the model. These elements include:

- Encouraging families to bring natural supports to meetings,
- Asking families about child and family needs as well as strengths,
- Treating families as partners,
- Developing the service plan with the family, and
- Developing the service plan to reflect the student's and family's strengths.

The surveys were designed to assess from the perspective of these key partners (CFST nurse/social worker leaders, LEA coordinators, school principals, community partners, and the parents and students being served) a number of different issues. First, whether the key components to the CFST model are essential for achieving objectives of helping to work with students and families to promote school success and prevent out-of-home placement and how the budget changes have impacted implementing the CFST model.

In the spring of 2011, CFST participants were asked to respond to a survey that was tailored for their specific role in the program (i.e., CFST leaders answered a different survey than did principals). The following is a list of who was surveyed and what the response rate was for each type of respondent:

- **CFST nurses/social workers leaders (173 of 176)** During the 2010 - 2011 school year, a total of 79 CFST Initiative-funded teams in 21 originally selected school systems across the state. During the school year, 92 schools were served in some capacity by CFST services. Some of the schools received partial services due to the fact that one team may have served more than one school. The survey was completed by 85 nurses and 88 social workers.

- **LEA CFST Coordinators (21 of 21)** Each of the 21 LEA coordinators completed the survey.

- **School principals (91 of 92)** When principals were unable to complete the survey, an assistant principal who was knowledgeable of the CFST process in the school completed the survey. Of the 91 survey respondents described in this report, four are an assistant principal. One school did not respond to the survey.

- **Community partners (61 of 61)** The evaluation team surveyed staff members from three community partnering agencies: DSS Facilitators, DJJDP Chief Court Counselors, and LME Care Coordinators in the 21 school systems' catchment areas. The agency contacts were provided by the CFST Program Coordinator. Each agency partner representative who completed the survey had the option to select the areas they are serving within the CFST catchment area since it is common for agencies to serve more than one county in less populated areas. This is especially true for the CFST connected District Courts and LMEs. As a result, some counties may be represented in the survey more than once. It also explains why the evaluation was able to receive representation for counties when the appointed agency contact did not submit a survey.

- **Parents of students served by the CFST program (346 of 2,020)** The Duke evaluation team and the office of the CFST Program Coordinator selected 2 fully funded CFST schools in each LEA to disseminate the surveys to parental parties after conducting a team meeting. The number of surveys each school received was based on the number of anticipated team meetings. The range was from 40 to 60 surveys. The surveys included a stamped envelope so that they could be returned to the evaluation team. In this way, the parent had an opportunity to provide anonymous feedback to the evaluation.

- **Middle and high school students served by the CFST program (139 of 1,060)** The parent survey for the CFST middle and high schools also included a survey to be completed by the students involved with the CFST program. The surveys offered an opportunity for the students to provide anonymous feedback to the evaluation.

CFST Leaders' Perspectives

When the General Assembly created the CFST Initiative in 2005, it also created a new category of student support professionals to meet the needs of at-risk students – Child and Family Team Leaders. These are teams of nationally certified school nurses and licensed school social workers specifically tasked with identifying at-risk students, screening them for needs and appropriateness of services and then providing on-going case management services to ensure that the students have access to every available service as quickly as possible. It is their responsibility to bridge any gaps between the schools they serve and other child serving agencies. As such, the CFST nurses and social workers are the keystones of the CFST Initiative.

Their insight is valuable in understanding the day-to-day operations of the program. Program and funding requirements demand that the CFST leaders be full-time employees, specifically assigned to one school, unless otherwise authorized by the Program Coordinator. This is shown to be true as, of the 172 leaders that responded, 96.0 percent reported being required to work more than 37 hours per week. Despite the specific legislative language defining their roles and target populations, 150 of 164 leaders said they work on non-CFST activities every week. However, most leaders are spending a small percentage of their time on non-CFST activities; with 42.9% reporting that they spend less than a quarter of their time working on non-CFST activities. Interestingly, a little over 10 percent of leaders reported spending 50 percent or more of their time on non-CFST activities every week (12.9%). Nurses were more likely to spend more time each week working on non-CFST related activities compared to social workers (see Table 6).

Table 6. Hours spent working on non-CFST related activities

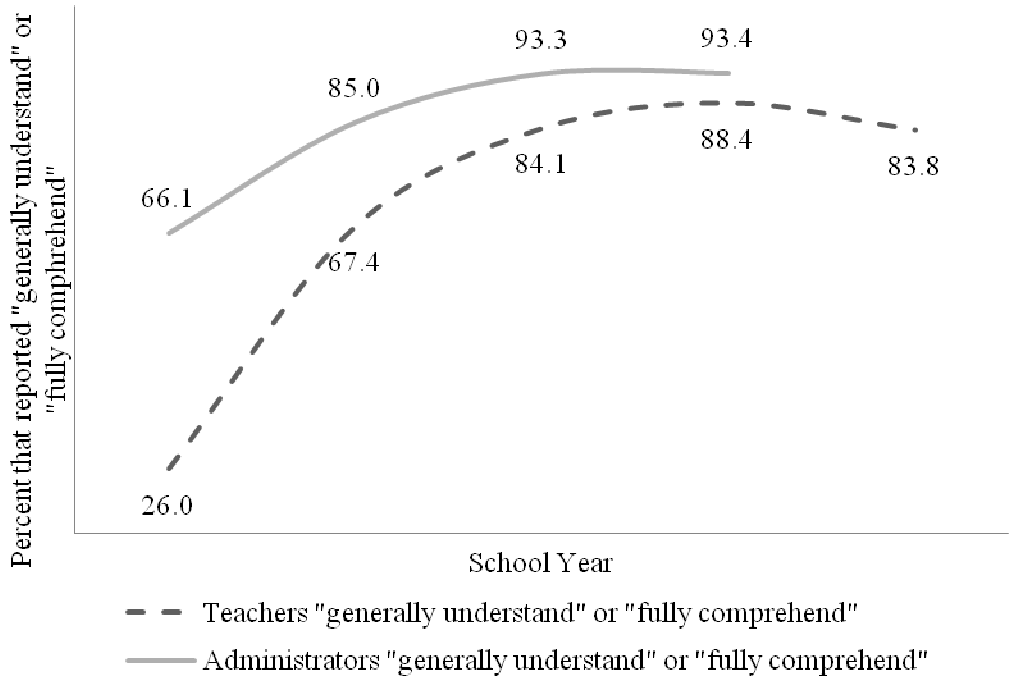
	CFST Leaders (both nurses and social workers)	Nurses only	Social Workers only
Mean hours per week spent on non-CFST activities	11.7 hours	14.0 hours	9.3 hours
95% CI	10.4 - 13.0	12.0 - 16.0	7.6 - 11.0
Source: Authors' tabulations of the CFST Partner Survey Spring 2011(n=164)			

The leaders were asked to list the activities they participated in that were not CFST related. Nurses repeatedly reported engaging in traditional, "clinic" related nursing duties (35 out of 80 nurses who responded), while a few nurses reported working on staff wellness. A small number of social workers reported that they engaged in traditional social worker duties. Another commonly reported non-CFST activity was working on attendance related issues (20 out of 156 responses).

School personnel's understanding of the CFST leaders' role

One aspect of the program that has been examined over time is the extent to which teachers and administrators understand the role of the CFST leaders. Role clarity has been linked to job turnover and worker satisfaction. Since the CFST program began, CFST leaders appear to be reporting that teachers and administrators have gained a better understanding of what their roles are. The question wording has changed slightly since the first school year surveyed (in 2006 – 2007 the question was asked as a yes/no response; in subsequent years, the question was a 4-point scale from *"not at all"* to *"fully comprehend."*), but looking at the change in understanding over time since the 2006 – 2007 school year, more administrators and teachers are understanding the role of CFST leaders (see Figure 4).

Figure 4. In general, how well do teachers and administrators understand your role as a CFST nurse/social worker? (2006-2007 to 2010-2011)



* Question wording has changed over time. In year 1, the question asked "Do teachers and administrators understand your role as a CFST nurse/social worker" yes or no. In year 4 the question was asked on a four-point scale from not at all to fully comprehend.

Source: Author's tabulation of the CFST Leaders Spring 2011 Survey

Ideally, the CFST Initiative should be compatible with programs and staff already operating in the school. In order to examine the fit of the CFST Initiative with existing roles and processes, leaders were asked to describe how they worked with other professionals at their school who work with children with special needs (such as the school nurse, social workers, and exceptional children coordinator). Of the 169 leaders that responded to this question, the majority reported that the work they are doing aligns well with other programs in their school (150), and no one reported that the work they are doing does not merge well. Many leaders reported positive comments in how they work together. For example:

"I work closely with the Exceptional Children's Department in our school by participating in IEP meetings for CFST students. We also work together on connecting the parent to the school and making sure that needed resources for the parent, family, and student are in place."

"I work very closely with the EC chair and EC Staff at the school as well as the ESL staff. I feel comfortable talking with these staff members about any situation. Sometimes it requires being an advocate and presenting things that may be difficult to discuss with a regular education teacher. Working closely with the EC and ESL staff is beneficial to students."

"There is usually an overlap between children that I see frequently that also require services/resources from the school social worker and vice versa. The school counselors, social worker, EC teachers, and myself all work very effectively to keep lines of communication open regarding student needs/concerns. Physically being in the same area as the school counselors, social worker, and other student services staff facilitates this communication."

While very few reported not merging well with the existing services, the majority of the comments made by the ones who did seem to highlight issues with communication between themselves and other staff, as well as trying to define their role in the school. For example:

"It has been extremely challenging to communicate and coordinate with certain staff who work with children with special needs, and easy and transparent with other staff."

"For the most part we work well with EC, sometimes I feel like EC does not want to be bothered with CFST."

"I feel the CFST team works closely with the EC group. However I often feel work that should be done by the EC team is passed off to the CFST team."

CFST leaders' ability to connect with other organizations

One principle of the CFST model is that there be "one family, one team, one plan." This is the System of Care model also being followed by social services, mental health and juvenile justice. In order for this model to be effective, multiple members of other agencies must be accessible and willing to engage in the CFT meetings. Each of the CFST leaders was asked if they had tried to get a representative from various organizations to attend CFT meetings and, if so, what the ease/difficulty of getting various agencies to attend was. First, as shown in Table 7, the need for various organizations varied widely. Over half of CFST leaders reported not needing representatives from public health, substance abuse treatment providers, legal/courts, and domestic violence/sexual assault agencies. The two most needed agencies reported were DSS and mental health service providers. A little over half of leaders reported that it was *"fairly easy"* or *"very easy"* to get representatives from DSS to attend meetings, whereas 75 percent reported that it was *"fairly easy"* or *"very easy"* to get representatives from mental health services. The remaining agencies were similar in their ratings of how easy it was to get representatives from other agencies to attend, with the exception of health care providers and substance abuse treatment providers. It is worth noting that there were only three agencies that 25 percent or more of CFST leaders reported was *"very easy"* to have agree to attend. While this may reflect the multiple demands on the service agencies, it may also imply that there is room for improvement in cross-agency collaboration.

Table 7. In general, how easily can you get representatives of these other agencies to attend CFT meetings?						
			Among leaders who needed the agency, the percent who said			
	I haven't needed this agency	**Number who needed**	**Impossible -I have tried but not succeeded**	**With Some Difficulty**	**Fairly easily**	**Very Easily**
Department of Social Services (n=172)	7.6%	159	6.3%	37.1%	44.0%	12.6%
Mental health service providers (n=172)	1.7%	169	1.2%	23.7%	49.7%	25.4%
Health care providers, public and / or private (n=165)	31.5%	113	23.9%	38.1%	31.9%	6.2%
Public Health (n=164)	59.2%	67	16.4%	28.4%	49.3%	6.0%
Substance abuse treatment providers (n=173)	73.4%	46	13.0%	39.1%	37.0%	10.9%
Law enforcement (n=172)	43.6%	97	7.2%	15.5%	49.5%	27.8%
Juvenile justice (n=172)	29.1%	122	5.7%	20.5%	39.3%	34.4%
Legal / courts (n=172)	55.8%	76	5.3%	34.2%	50.0%	10.5%
Domestic violence / sexual assault agencies (n=173)	65.3%	60	5.0%	23.3%	56.7%	15.0%
Source: Author's tabulation of the CFST Leaders Spring 2011 Survey						

Another piece of this model that relies on interagency support is in accessing services for families. CFST leaders were asked to rate how successful they were in obtaining services from each of the various providers (see Table 8). Nearly all CFST leaders accessed DSS, mental health services, and health care providers (99.4% for all). The least accessed service was drug abuse treatment providers (55.1% accessed). Regardless of the service, three-quarters or more of CFST leaders felt that they were *"somewhat successful"* or *"very successful"* in accessing services for the families. However, it should be noted that there is room for improvement. Only 35.5 percent of leaders reported that they were *"very successful"* at accessing DSS services, and only around 50 percent of leaders reported being *"very successful"* at accessing mental health services and healthcare providers (52.3% and 56.2% respectively), despite the fact that these were the most accessed services. For the other services, 50 to 80 percent of leaders felt that they were *"not very successful"* in accessing services for families. This suggests a need to better understand what factors are impeding families from accessing services and providing the right supports to help families overcome these challenges.

Table 8. In general, how successful are you in accessing services that CFST families need from:						
			Among CFST leaders who tried accessing a given service for families, the percent who reported being:			
	Did not Access	**# who accessed service**	**Very Unsuccessful**	**Somewhat unsuccessful**	**Somewhat Successful**	**Very Successful**
Department of Social Services (n=173)	0.6%	172	3.5%	5.2%	55.8%	35.5%
Mental Healthcare Providers (n=173)	0.6%	172	4.1%	2.9%	40.7%	52.3%
Healthcare providers, public and private (n= 170)	0.6%	169	3.0%	3.6%	37.3%	56.2%
Public Health (n=170)	12.9%	148	3.4%	6.1%	35.8%	54.7%
Drug abuse treatment providers (n=158)	44.9%	87	10.3%	12.6%	56.3%	20.7%
Law Enforcement (n=165)	23.0%	127	2.4%	3.9%	39.4%	54.3%
Juvenile Justice (n=165)	20.6%	131	3.1%	4.6%	38.9%	53.4%
Legal/Courts (n=158)	28.1%	115	4.4%	11.3%	52.2%	32.2%
Domestic Violence/ sexual assault agencies (n=161)	36.1%	101	5.0%	4.0%	52.5%	38.6%
Family Planning (n=161)	38.5%	99	4.0%	7.1%	43.4%	45.5%
Source: Author's tabulation of the CFST Leaders Spring 2011 Survey						

Perceived Home Visit Safety

The CFST leaders are expected to manage the case and service provision by periodic follow-up with students and families to monitor receipt of services, progress toward goals, and also to identify and potentially address any barriers that may be preventing progress. One way this is accomplished is through home visits, and an important aspect to requiring home visits is that the leaders feel safe when visiting. Almost a quarter (27.7%) reported never being worried about their safety during a home visit. However, half of leaders reported that they worried about their safety during a home visit *"less than once a month"* (54.3%). Almost 20 percent of leaders reported worrying about their safety *"more than once a month"* (17.9%). See Table 9 for how leaders felt about their safety according to school type.

Table 9. How often leaders are worried about safety during home visit by school type			
	Elementary School	**Middle School**	**High School**
Never	31.8%	25.5%	21.2%
Less than once a month	51.8%	58.2%	54.6%
More than once a month	16.5%	16.4%	24.2%
Source: Authors' tabulations of the CFST Partner Survey Spring 2011(n=173)			

Leaders that reported being worried about their safety more than once a month were asked if they had ever avoided a home visit because of safety concern. Twenty nine out of 31 leaders responded, and 65.5 percent responded that they had avoided a home visit because of a safety concern.

CFST leaders' perceptions and adaptation of the key components of CFST model

The CFST Initiative was designed to be implemented in schools with key components. CFST leaders as well as other partners were asked to reflect upon the importance of these components based on their experiences with actually implementing the program. As Table 10 below shows, the leaders express support for the model but that leaders also suggest that some components are not appropriate in all situations.

Table 10. Leaders perceptions of the key components of CFST model			
	Essential to success	**Sometimes helpful, sometimes not**	**More trouble than it's worth**
Having a nurse as a CFST leader. (n=172)	85.5%	12.8%	1.7%
Having a social worker as a CFST leader. (n=173)	96.5%	3.5%	0%
Bringing together in a single meeting representatives of other agencies. (n=173)	77.5%	22.5%	0%
Having one team per child rather than multiple agency-based teams. (n=173)	76.3%	23.1%	0.6%
Having one written plan per child that all involved agencies use, rather than each developing their own. (n=173)	73.4%	22.5%	4.1%
Having students at the meetings. (n=170)	45.9%	54.1%	0%
Having informal supports at meetings (e.g., the child's relative, pastor, coach, or other person involved in their life). (n=172)	55.2%	44.2%	0.6%
Having someone from a non-school agency lead the CFST meeting when the child's primary needs are non-academic. (n=172)	44.2%	51.7%	4.1%
Source: Author's tabulation of the CFST Leaders Spring 2011 Survey			

Leaders who reported that a key component of the model was *"sometimes helpful, sometimes not"* or *"more trouble than it's worth"* were asked to share examples of why the elements were not always helpful. Below are some of the responses for each element.

- Having a nurse as a CFST leader – Of the few that responded this was not helpful, the main reason reported is that often the issue is not medical related. One leader did respond that nurses did not have knowledge of community resources or how to access them.

  "The majority of students who need CFST services have social issues. There are very few students who need CFST services due to medical issues. The nurse is helpful for those students who do have medical problems in addition to other problems."

- Having a social worker as a CFST leader – Very few leaders reported that having a social worker as a leader was not a key component. Two responded that they were not needed for every situation, and one stated that having one leader per school would help to increase the reach of the program.

  "Well I believe you can reach more students if you have only one person either a SW or a nurse at a school. You could take the same number of staff and spread them out into twice the number of schools. I know the idea is to have a "team" but you still have a team when one CFST worker sits down with parents and various agencies. It is my observation that when you have two people who are told to work together on a daily basis doing mostly the same job it is at times redundant and a lot of time and energy is spent on the dynamics of the relationship."

- Bringing together in a single meeting representatives of other agencies – Leaders discussed how sometimes various agencies do not follow the CFST model, that at times families are not comfortable with certain agencies attending the meetings, scheduling so many agencies can hinder getting the child the help he or she needs, and that having so many agencies at the meetings might be overwhelming for the families and hinder the process.

  "This is hard to coordinate. It means even more resistance to becoming involved in CFST meetings when there is resistance to begin with. It is a nice idea but realistically most agencies are for time reasons only interested in their piece of the pie."

  "Sometimes I think it is "overwhelming" for a family member to come to a meeting (or meet in the home) with so many "outsiders" present. I have had them express concern when we have representatives available; they think they are "in trouble" with some of the agencies."

"There are times when I think we may need to discuss sensitive information which is not appropriate for all agencies who are working with the family. MANY parents are intimidated by agencies (be they social services, mental health, etc.) and if we are going to have a meeting at all, it needs to remain small and often times informal in order to begin building trust with that family. It is not accurate to assume that our families want everyone at the table, even if we see the need to invite MANY people. While face to face conversations are of course preferable, so long as there is adequate communication between involved agencies, it is not always essential (or beneficial) to have everyone at the table."

"Some of the agency representatives are not on the same page and tend to leave out the parent in the plan as well as the plan not being focused on the needs of the child or family."

- Having one team rather than multiple agencies – Leaders responded that it is hard to schedule all involved individuals, that different agencies might have different goals and agendas, and that families might not be comfortable with so many different agencies.

  "It all depends on whether or not you can get everyone to meet at the same time. Because you are working with local agencies, the parents and the school, this is often hard to coordinate. Not all agencies are willing to schedule meetings after or before their work hours."

  "Extremely difficult to get all participants at the meeting. Depending on the agency it may be impossible. It would be great if there was only one team. However in my experience there continues to be multiple team meetings for children especially when mental health agencies are involved."

  "Sometimes families are very private and have issues with trust which they sometimes feel that we as support givers are over stepping our boundaries."

- Having one written plan for a child that all agencies use – Leaders often stated that most agencies require their own specific plan and they do not always follow the CFST plan, often because the different agencies do not have the same goal, often it is difficult to get everyone to agree on one plan, and in some instances the families do not find this advantageous.

  "Parent are not into sharing with all agencies. It also takes a lot of time to get everyone together. Sometimes you just can't wait that long."

  "Every agency has different goals, objectives and language. Everyone would have to understand the language of each agency in order for everyone to use the same written plan. I think it could be confusing."

"I think that there are times when different agencies working with a family may focus on different areas of their overall situation. For example, I would not expect an agency whose sole purpose is to provide adequate food resources to the family to need to know and follow the larger plan, which may include mental health services, tutoring services, and a crisis plan for the student. I think that all parties should be aware of and MENTION other services on their plans, but plans should be more detailed and tailored to the particular needs which that agency is addressing."

"Each plan should be developed based on the particular student need or needs therefore one plan may not be effective. I think one written plan could be successful if you can add or delete measures depending on that individual student."

- Having students at the meetings – Leaders discussed that the meetings would not be as productive if the students were not attending, and that it depended on what was being discussed in the meeting, as discussions in meetings are sometimes inappropriate for students. Often age and maturity were listed as reasons why not to include. However, many stated that they did like to include the student in at least part of the meeting.

  "Students may not need to hear all information shared about them or their families. Some parents will talk more openly about issues if students are not present. Sometimes as professionals we may need to say things to the parent that does not need to be heard by the student."

  "Having students at the meetings may not always be helpful when the student is very young or their developmental age does not match their chronological age. These factors may limit their input into the overall plan."

  "It depends upon the age of the student and the specific type of information that is being addressed. We sometimes have the student present for the entire meeting, sometimes ask the student to come in for part of the meeting and sometimes meet without the student. The meetings held without the student are usually those that involve a younger child (ex: kindergartener) or if we are addressing information that is sensitive in nature (ex: sexual abuse)."

- Having informal supports at meetings – Leaders wrote about fear of loss of confidentiality, or the possibility of conflict between the community and the family, or that the informal support will actually hinder the meeting process.

  "These individuals may not have adequate knowledge of what's going on with the family. Sometimes they may also prevent family members from being open in meetings and they have sometimes created distractions from the main focus of meeting."

- Having someone from a non-school agency lead the CFST meeting non-academic – Leaders stated that sometimes other agencies are not trained to facilitate meetings like the CFST leaders, it is difficult to schedule a meeting that all can attend, families and students are not as comfortable at times with others leading, other agencies don't understand the students' issues as well, having multiple agencies slows the process down.

  "Anyone without knowledge of the CFST model could not be expected to be able to facilitate a meaningful productive meeting."

  "If they are not familiar with the child's needs and case they may miss key points to bring up for discussion or not know the questions to ask to guide the team."

  "Having a non-school agency lead the CFST meeting may not be helpful because as the CFST leaders when we build good relationships with families and services aren't rendered as the non-school agency indicates, families tend to lose a sense of trust and sometimes develop a mind-set of hopelessness. There are times when families feel that they only want the CFST leaders working with them and will refuse outside agencies."

  "This would take a lot of education to implement. It could not just be a random person. I agree that someone trained MIGHT be good because they are known to be neutral. We CFST workers (or at least from my limited experience) are pretty much advocates for the families and yet are realistic in expectations for what is possible to expect from all involved."

  "I don't think it is essential for a non-school agency to lead the meeting if the primary need is non-academic because often that agency does not have the structure to provide case management services or the skills to facilitate the meeting particularly if we are talking about health care providers. We do often have the mental health case manager lead the CFST meeting if they are involved with the student, however, we have found that often the family receives services for a limited amount of time from the mental health provider and they take the lead while they are involved, but because they have a limited amount of time that they are allowed to continue to provide services, we then have to pick up the lead when their involvement is terminated."

Leaders were asked where was the best place to hold child and family team meetings, approximately a quarter felt that school was the best, a quarter felt that the agency that addresses the primary need of the child is best, and about half felt that neither was generally better than the other (26.6%, 26.6%, and 46.8% respectively).

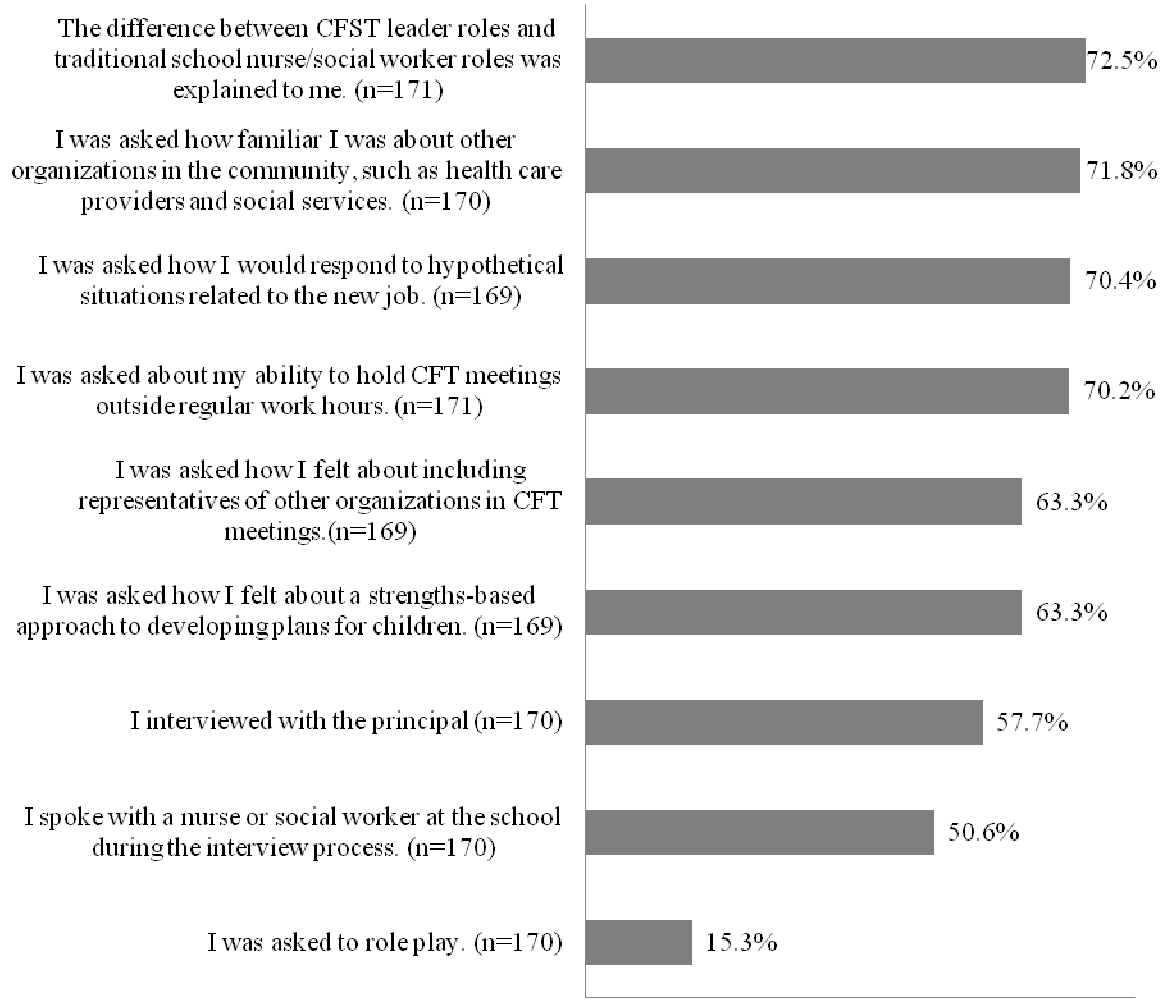
Recruitment and Selection of CFST leaders

According to implementation research, hiring the right staff is a key component of the success of the model. It is particularly important to ensure that the new hire will be fully aware of the new

job responsibilities to ensure that the job is a good fit for their skills. How an individual's performance is evaluated is related to the work that is performed. Ensuring that the CFST leaders' performance evaluations are tied to important programmatic components can facilitate the model being implemented with fidelity. Having a mentor with whom to discuss one's work and to learn from is an important aspect of employee development.

Most CFST leaders (72.5%) indicated that the difference between a CFST role and a traditional role for their profession was explained to them. However, over a quarter of CFST leaders said that this was not a component of the hiring process. Familiarity with community agencies is an asset for a CFST leader to have because it can have a large role in helping families access community services. While 70 percent of leaders were asked about their knowledge of community resources, about 30 percent were not.

Figure 5. Components that were part of the CFST leader hiring process



Source: Author's tabulation of the CFST Leaders Spring 2011 Survey

Staff Performance Evaluation

As Fixsen (2009) indicated, linking performance evaluations to key components of the model is important for implementing a model successfully. CFST leaders were asked if their performance on several of their main CFST duties were reflected in their performance evaluation (see Table 11). For 60.5 percent of CFST leaders the number of children served was a component of their performance evaluation. Teacher feedback and parent feedback were each a component of performance for about 57 percent –58 percent of CFST leaders. For 46.2 percent of CFST leaders the number of home visits was listed and a factor in their performance, and 36.4 percent were evaluated based on improvements to student behavior. One of the core components of the model is meeting families at times and locations convenient for the family but only one in five leaders were evaluated based on the number of meetings outside of school hours. It is possible that schools used slightly different metrics to align leader performance with key components of the model.

Table 11. Which of the following elements affect your performance evaluation?	
	Yes
Number of children served (n=170)	60.5%
Teacher feedback (n=171)	57.8%
Parent feedback (n=169)	57.3%
Number of home visits (n=171)	46.2%
Students behavior (n=169)	36.4%
Number of meetings outside of school hours (n=170)	20.7%
Source: Author's tabulation of the CFST Leaders Spring 2011 Survey	

Consultation and Coaching

As noted by Fixsen (2009), employees are introduced to a new skill during training but continue to learn these skills while performing their job on a daily basis. Having a coach or a mentor is an important part of changing traditional practices and improving one's craft.

CFST leaders were asked if they had anyone they considered a mentor, and 48 percent reported yes. The following is a list of who leaders consider their mentor:

- The other CFST leader – 63.4%
- A friend or colleague – 46.3%
- Another faculty or staff member at this school – 25.6%
- An administrator at this school – 36.6%
- The LEA coordinator for the CFST program – 42.7%
- Other – 19.5%

Principals' Perspectives

Principals play a critical role in the CFST program. They are typically the most direct supervisor for the CFST leaders, and they make decisions that potentially affect the ability of the CFST leaders to perform their functions.

Success of the CFST program

Principals were asked to rate the success of the CFST program at achieving certain core goals of the program (see Table 12). Principals rated CFST as being *"very successful"* at identifying vulnerable families (71.4%), connecting youth and families to services (70.3%), following-up with youth and families about recommended services (65.9%) and positively impacting the school overall (61.5%). While still relatively high, relatively fewer principals stated that the CFST program was *"very successful"* in improving academic performance (31.9%), improving behavioral outcomes (41.8%), and improving school attendance (47.8%). Overall, principals were very positive about the success of the CFST program.

Table 12. How successful has the CFST program been in the following areas this school year?

	Very unsuccessful	Somewhat unsuccessful	Neither successful nor unsuccessful	Somewhat successful	Very successful	Don't know
Identifying vulnerable youth and families	12.1%	3.3%	0%	13.2%	71.4%	0%
Connecting youth and families to services	12.1%	3.3%	1.1%	13.2%	70.3%	0%
Following-up with youth and families about recommended services	11.0%	4.4%	0%	18.7%	65.9%	0%
Improving academic performance	6.6%	8.8%	2.2%	49.5%	31.9%	1.1%
Improving behavioral outcomes	6.6%	6.6%	5.5%	39.6%	41.8%	0%
Improving school attendance*	10.0%	3.3%	3.3%	35.6%	47.8%	0%
Positively impacting the school overall	12.1%	2.2%	3.3%	20.9%	61.5%	0%

Source: Authors' tabulations of the CFST Principal Survey Spring 2011 (n=91 except *n=90)

Principals assign other duties to CFST leaders

Principals were asked if they have any priorities for their school that they have specifically assigned to CFST leaders in their school, and 80.2 percent said yes (73 out of 91). Principals reported giving CFST leaders specific responsibilities for dealing with attendance, helping students with academics, helping link students and families to services, helping students with behavior issues, truancy, and tardiness issues.

Facilitative Administrative Supports for CFST Leaders

Principals listed a variety of ways in which resources have been used in their school to help support the CFST Initiative. Many principals reported that they helped with logistics to make the CFST meetings run better (supplies, space, etc…), encouraged collaboration with other staff in the school, and many mentioned how the school helped gather resources for families' and students' needs (such as transportation, financial assistance, various health care needs, and food insecurity). For example:

"Title 1 funds have been used to provide parent workshops on various topics. We use school personnel and CFST personnel to work directly together for parent needs. A Resource Center, partially funded by Title 1, also works closely with CFST personnel to help parents attend parenting classes as well as supply them with food from our food pantry and clothes from the pantry. One of the local ministries is working with CFST personnel to send home back packs with food every Friday to homeless families. The back packs are returned to school each Monday and redistributed each Friday."

"Greatly added to our ability to intervene in crisis situations. This allows the counseling staff to focus on typical guidance-based initiatives, academics, scholarships, etc. The CFST has meshed well with our counseling department and serves to serve students and their families directly by advocating for them, by connecting them with services, and by just giving us more helpful resources to support at-risk students. The counseling department sees the CFST as a critical member of our counseling services. Working together, we do not duplicate services, but refer to each other as to the best ways to meet the needs of the students and their families. Our CFST works out of a private office area....two offices with a waiting area where students can gather. The school as a whole provides support for the team through donations throughout the year. This past year our staff gave over $1500 so that some of the students served by our CFST could have basic needs filled at Christmas. This has happened repeatedly at our school."

"We have used our resources to identify those students experiencing struggles within the educational setting and made efforts to connect with those families to discuss ways in which support could be provided to the student to increase the level of success experienced by the student."

Principals' perspective regarding the overall impact of the CFST program

Principals were asked to give their candid reflection on the overall impact of the CFST Initiative. Overall, the principals reported that the initiative was a valuable program in their school. Principals also agreed that the program assisted in helping students and families address their needs, connecting and coordinating students and families to services they need, as well as helping to build collaborations with other community agencies. In addition, many principals cited the CFST Initiative as having a positive impact on outcomes for students in terms of attendance, behavior/discipline, and academic success. Below are some quotes to help exemplify this.

"Our team has been such a positive part of our school team. They have had so many successful stories where children and families have received assistance because of their intervention. I have seen an improvement in attendance due to our CFST involvement with parents and students. I honestly do not know how our school would operate without our team. I fear for the loss of services that our students would receive without our nurse and social worker there to help."

"It has tremendously changed how we work at the school. I honestly do not know how we would function without their support."

"Our attendance rate is up and the number of kids with more than 10 days out is down. Kids with mental health issues are getting services and performing better in the classroom."

"This program has had an enormous impact. Student attendance has increased and many of our students are getting resources that they need because of the CFST program. Also, student success has increased."

"Most valuable support to safety and wellness of children in the state of North Carolina. The contact between teachers to CFST and then CFST along with the guidance counselor to Social Services, Mental Health, Medical offices (general health, eyes, hearing, etc.), Food and Clothing Closets is invaluable. WE NOW SERVE CHILDREN WELL."

"The impact has been very positive. The needs of many at risk students have been met through this program. I feel very strongly that without this team, we could never provide the support our families and students need. We are in a rural area with many low socio-economic students with great needs."

"Our CFST has made a direct impact on many students and their families, at least 12. They have assisted many other students with minor issues. Without CFST these students and parents would have been struggling to get the needed help. The students might have had more discipline issues and been suspended more often. The CFST works well with the teachers and is a vital part of our school!"

"I believe the impact of the CFST at my school has significantly aided in the identification of low achieving children and helped put in place strategies that have truly helped with their success. In addition the team has significantly brought many businesses closer to the school fostering a pleasant relationship."

"CFST is the most effective program and/or intervention model I have seen in my career as an educator. It is designed to facilitate partnerships amongst key stakeholders in the school. It has a monitoring piece that makes all involved accountable. This monitoring also makes the interventions fluid, and therefore, if something is working it is continued and extended. The fact that the parent's voice is the catalyst is powerful; however, the classroom teacher, the administrator or the CFST staff themselves can also refer and bring about change."

LEA Coordinators' Perspectives

The LEA coordinators are senior LEA staff members, based in the central office. They oversee the local implementation of the CFST program in their school districts, but may or may not actually supervise the nurses and social workers. This varies by LEA.

LEA Coordinators reports of significant challenges for the CFST Initiative

Coordinators were asked if "in their experience, has the CFST Initiative encountered any significant challenges at this school?" Thirteen of the 21 coordinators responded yes (61.9%). Coordinators described issues such as trying to avoid the nurse and social worker being placed into what is considered a "traditional" role, issues with staff at school feeling overburdened for a variety of reasons, conflict between staff members, staff members not understanding the CFST program's role, problems with data entry, changes in the population that the program serves (i.e. demographics characteristics) and trouble meeting the needs of the population they serve.

LEA coordinators were asked how the budget crisis has affected their ability to serve children through the CFST Initiative. Many coordinators stated that they had lost CFST staff. Many stated that they were able to fund their team from a variety of sources; however, they were not certain that they could maintain the funding beyond the current school year. Coordinators stated that the budget cuts created less funding for travel, supplies and professional development, as well as leaders who have less time for case management or working with students.

"A major challenge has been staff reductions at the schools which results in the school administrators attempting to have the CFST carry out tasks that are not connected with the CFST population. Also, cuts at the local Health Dept. have resulted in the Health Dept. wanting CFST nurses to carry out functions that would normally be done by the PH School Health Nurse."

"We lost one of our Teams last year due to the cuts. Fortunately, we were able to fund them for the year; however, this upcoming year may not be possible. If we lose that Team that will be a

large middle school with a large at-risk population without a nurse and social worker. Our principals have found our Teams to be extremely valuable/important in the success of many students."

"The budget reductions have impacted the services and supports for students, because we lost a program for one of our schools. As a result, I think the students at the school have received less support and it has shown in the number of referrals for assistance and how the referrals can and do get handled. Also, budget reductions caused several staff people to leave the CFST program and a lot of new staff now have a large learning curve for his or her new position."

"We lost funding for one of our teams this year but have been able to maintain them through local funds. However, they are concerned about next year. I believe the time they have spent worrying about losing their jobs has impacted their ability to focus. The team that is funded locally is one of our top performing even with the strains of budget concerns. If local funding is not continued this year it would be a tremendous loss to our school system."

LEA Coordinators' perspectives regarding the impact of the CFST program

LEA coordinators stated that the CFST Initiative had a positive impact on schools. Coordinators mentioned that they believed the program helped to connect students and families with resources, as well as helped to build relationships between families and the school. A few times coordinators reported that the CFST program had helped to improve academic outcomes in school, such as test scores, attendance and graduation rates.

"Having the CFST in our county has made a huge impact on the entire district. By having teams in 5 schools (now 4) intensive case management has improved attendance, graduation rates, and helped reduce our dropout and teen pregnancy rates. Having these teams also effectively increased my school nurse, school social worker personnel district wide as well, allowing my itinerant folks to serve fewer schools and offer more services to students and families. To lose our teams would not only devastate the schools they serve, it would drastically reduce overall services to every school in our county because the remaining nurses and social workers would have to pick up these high needs schools. I am sure you will survey the principals, but I can tell you they call me constantly to ask what they need to do to keep their CFST."

"I believe that the CFST model is the only way foster positive changes in family systems. Support over time is necessary because of the natural resistance that people have to change. I also believe that if CFSTs are funded long term the impact will be remarkable and undisputable."

"It is the model that we are using for all schools even those who are not in the grant."

Community Agency Partners' Perspectives

The authorizing legislation names key partners as a core component of the CFST Initiative. These include the North Carolina Departments of Public Instruction, Juvenile Justice and Delinquency Prevention, Health and Human Services, Division of Public Health, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the Administrative Office of the Courts and the Division of Social Services. As part of the evaluation, we surveyed the feedback of participants from the local departments of social services, mental health and juvenile justice.

CFT meetings are being conducted by various agencies throughout the state of North Carolina. Therefore, multiple agencies have experience with Child and Family Teams. For example, Child and Family Teams are part of the System of Care model, which is used by the Division of Social Services, The Department of Juvenile Justice and Delinquency Prevention and local management entities. Thus, the partner agencies of the CFST model have experience operating the CFST model and principles and are potentially able to comment on the operations of the CFST model in a comparative sense.

Local representatives from the following agencies completed questions related to their participation in and reflections on the CFST Initiative:

- County Departments of Social Services,
- Departments of Juvenile Justice and Delinquency Prevention (DJJDP) Districts, and
- Local Management Entities.

What partners need to attend CFST meetings and who pays for their time?

Respondents were asked to report what they needed to have from their agency in the way of prior approval in order to attend a CFT meeting (see Table 13). The majority of partners that responded reported that they could go to a meeting off site without any approval or paperwork.

Table 13. Which of the following do you need to participate in a CFT Meeting at a location besides your agency:	
Prior approval.	14.3%
Paperwork after the meeting.	7.1%
Nothing: If I want to attend an off-site CFT Meeting, I just go.	78.6%
Source: Authors' tabulations of the CFST Partner Survey Spring 2010 (n=56)	

Partners were asked how often their agency gets paid for the time that they spend in CFT meetings. Of the respondents to this question most replied either *"never"* (56.9%) or that they were *"not sure"* (27.6%). Eight respondents (13.8%) replied that their agency was paid for their

time in CFT meetings *"more than 75% of the time."* These respondents were from DSS (n=2), DJJDP (n=1) and the LME (n=5). One respondent replied *"51 – 75% of the time."*

Those that said their agency paid *"51 – 75% of the time"* or *"more than 75% of the time"* (9 out of 58) were asked who paid the agency for this time. One replied a grant, three reported the county paid, two did not know, two replied a state funded initiative, and one replied "my salary."

Are partners using the CFST plan for their plan?

One premise of the CFST model as well as the System of Care is that there be "one child, one team, one plan." Agency representatives were asked the extent to which their agency based its plan on that developed in the school setting by the CFST leaders (see Table 14). Over 75 percent of respondents said that their agency based its plan *"somewhat"* or *"completely"* on the plan that was developed during the CFST model. While some variation in plans may reflect differences in both the reporting requirements as well as missions of the agencies, seven representatives (12.7%) said that their plan was *"not at all"* based on the plan developed during the CFST meeting.

Table 14. For children served by the CFST, does your agency generally base its plan on the plan developed by the CFST model?

	Total (n=55)	DSS (n=20)	DJJDP (n=18)	LME (n=17)
Completely	29.1%	5.0%	22.2%	64.7%
Somewhat	49.1%	65.0%	50.0%	29.4%
A little	9.1%	20.0%	5.6%	0%
Not at all	12.7%	10.0%	22.2%	5.9%

Source: Authors' tabulations of the CFST Partner Survey Spring 2011

Partners were then asked if they could use the CFST service plan as the primary planning document for a child (see Table 15). A large percentage of LME respondents responded yes (71.4%), followed by DJJDP (38.9%) and then DSS (23.8%). However, overall, more respondents responded *"No, we must still complete our own forms for any child we serve."*

Table 15. Can your agency use the CFST service plan as your primary planning document for a child?

	Total (n=53)	DSS (n=21)	DJJDP (n=18)	LME (n=14)
No, we must still complete our own forms for any child we serve.	58.5%	76.2%	61.1%	28.6%
Yes, we can replace some planning documents with the CFST service plan.	41.5%	23.8%	38.9%	71.4%

Source: Authors' tabulations of the CFST Partner Survey Spring 2011

Partners were asked to provide additional details regarding differences between their agency's plan and the plan developed during the CFT meeting. Partners were given the option of selecting "*other*" when asked if their agency used the CFST plan; of the eleven that answered, several representatives from the LME mentioned that their agency does not develop plans. One LME representative said that their agency serves as an oversight agency and another said that their agency just ensures that the families have input and that the child has only one plan. One juvenile court counselor said that, "*We can structure a child's probation terms around a plan provided by CFST Team.*" Another court counselor said, "*When filling out our forms we can use CFST service plan to help determine what the child and family needs.*"

What would partners need to use a common form?

Respondents were asked to check off what they would need to use a common form. Table 16 shows the percentage of respondents that responded yes to each statement, by agency. The two most common changes reported were changes in state requirements and changes in agency policies, although these varied between agencies.

Table 16. To the best of your knowledge, what would it take to use a common form?

	Total (n=53)	DSS (n=21)	DJJDP (n=16)	LME (n=16)
Changes in Federal requirements	28.3%	42.9%	12.5%	25.0%
Changes in state requirements	66.0%	76.2%	43.8%	75.0%
Changes in agency policies	69.8%	61.9%	87.5%	62.5%
Changes in our agency's information system	35.9%	38.1%	31.3%	37.5%

Source: Authors' tabulations of the CFST Partner Survey Spring 2011

Partners reflections of key components of the CFST model

Partners were asked what they thought of the key components of the CFST model (see Table 17). Overall, the majority of partners reported that having a social worker as a leader (79.0%), bringing together representatives in a single meeting (90.0%) and having informal support at meetings (81.7%) was an "*essential to success*" aspect of the CFST model. Less than half of the partners that responded felt that having a nurse as a CFST leader (40.4%) or having someone from a non-school agency lead a meeting (31.7%) was "*essential to success.*" Very few partners responded that any component was "*more trouble than it's worth.*"

Table 17. Partners reflections of key components of CFST model				
	Essential to success	Sometimes helpful, sometimes not	More trouble than it's worth	N/A
Having a nurse as a CFST leader? (n=57)	40.4%	54.4%	0%	5.3%
Having a social worker as a CFST leader? (n=57)	79.0%	21.1%	0%	0%
Bringing together (in a single meeting) representatives for all identified needs? (n=60)	90.0%	10.0%	0%	0%
Having only one such team per child rather than multiple agencies for all identified needs? (n=59)	62.7%	32.2%	3.4%	1.7%
Having one written plan per child rather than multiple agency-based teams? (n=59)	54.2%	40.7%	1.7%	3.4%
Having students at the meetings? (n=59)	59.3%	37.3%	3.4%	0%
Having informal support at meetings (e.g., the child's relative, pastor, coach, or other person involved in his or her life)?(n=60)	81.7%	18.3%	0%	0%
Having someone from a non-school agency lead the CFT meeting when the child's primary needs are non-academic? (n=60)	31.7%	63.3%	3.3%	3.3%
Source: Author's tabulation of the CFST Partner Spring 2011 Survey				

Partners' reflections of the CFST Initiative

Partners were asked to reflect about the best and worst aspects of the CFST program. Below are some of their responses. Several partners indicated that the CFST program helps improve interagency communication.

"CFST is one of many local initiatives that have enhanced communication and collaboration among local human service agencies (especially, relationships among professionals of different disciplines)." DJJDP Representative

"I feel it's crucial that representatives of all agencies & family supports come together to identify the family's needs as well as their family strengths to develop a plan." DSS Representative

"The CFST workers are a great liaison between the Department of Juvenile Justice and Delinquency Prevention and the school system. We have been able to develop good solid educational plans for at-risk and delinquent youth as a result of our CFST partnerships." DJJDP Representative

"The more connected the school teams are to external service providers, DSS, LME, etc. the better the teams function." LME Representative

Other partners indicated that the facilitator positions are important for the model to work well.

"I understand with budget restraints that the CFST initiative will have to perhaps make budget cuts like the CFST DSS facilitator position, but there is a critical need for that component to remain intact. Having that neutral person from a non-school organization help not only the meeting dynamics, but also help to provide preventive measures that alleviate the need for out of home placement for at-risk children. The initiative create the forum for all the key players to come together and help bring about resolution and community linkage for the families, while strengthen the family unit to bring about effectual changes in behaviors and attitudes." DSS Representative

"Internal communication as well as communication between agencies, worker buy-in, and community education are important factors in successful teams. Person County has been at a disadvantage because we have not had a paid position at DSS to coordinate the "team" effort. I understand that the paid position at the LME is being cut in the next budget year. That will leave another gaping hole in the provision of services in the county." DSS Representative

Partners offered additional strengths of the CFST program.

"The teams are essential in our small rural counties where services are sometimes difficult to access. The children spend most time at school than anywhere else and having these services available are extremely helpful for DJJDP youth, their families and court staff. The relationships that are built between the teams and the court counselors produce an effective atmosphere for our youth. Out teams often come to court for the youth they are working with and this serves as a clear sign of unity between multiple agencies working on behalf of children. I wish we could have this in every school in the state!" DJJDP Representative

"The best part is that it gives families a voice in determining their needs and desires for their families. They don't feel they are being dictated to by providers, educators, social workers, etc." DSS Representative

A few partners expressed concerns with the implementation of the CFST program.

"We facilitate all the meetings. Not sure the schools have ever facilitated a meeting. They want to treat these meetings like a staffing and not a CFT. We treat Child and Family team meetings to a higher degree than the schools. We truly believe in having a neutral facilitator (we have 10) and that the meeting is the families meeting and they should be the ones making the plans, with some framework for safety. I think the schools still believe in telling the families what they need to do and not partnering with them and this causes some dissention. They have at times quit using us." DSS Representative

"Works great when meeting is strengths focused with a neutral/objective facilitators; not at its full potential when administrators have an agenda/outcome prior to meeting; having mental health coordinators has been important to success as many of the students have unaddressed mental health needs." LME Representative

"The model cannot be implemented consistently between schools. Each school influences how the staff will function. There has been improvement in this area. The CFST model does not provide CFT facilitation training to the designated staff. The designated staff should be strong CFT facilitators who have been trained and mentored in this process." DSS Representative

"The CFST model is a great model in theory; however, I do not see it being implemented to its capacity in this county. System of Care principals are not utilized as they should be." DJJDP Representative

Parents' and Students' Perceptions

Understanding the perspective of the parents and students who are served by the CFST program is an essential element to understanding whether the CFST model is family-centered and serving the individuals for whom it has been designed.

To gain insight from the parents and students, CFST leaders from the selected schools gave parents who had had CFST meetings during the 2010-2011 school year an envelope with a survey to complete. Each school was sent 40 to 60 surveys for a total of 2,020 surveys given across the two selected schools in each LEA. Three hundred and forty six parent surveys were returned, 333 in English and 13 in Spanish, for a response rate of 17.1 percent.

The student survey was handed out by the nurses and social workers in CFST middle and high schools along with the parent survey. Of the 1,060 student surveys that were sent, 139 were returned (138 in English and one in Spanish). A final response rate of 13.1 percent, with 97 surveys from middle school students , 37 from high school students, and five surveys that did not have a grade reported. A little more than half of the sample was male (72 males, 66 females, and 1 unreported). Around 60 percent of the sample reported being Black (63.3%) and approximately a quarter reported being White (24.5%). Respondents also reported being Native

American (0.7%), other (5.8%), and multi-racial (4.3%). Ten percent of respondents reported their ethnicity as Hispanic; however, approximately 20 percent did not report an ethnicity (18.7%). (Please note that respondents can select as many races and ethnicities that describe themselves so totals may exceed 100 percent.)

As shown in Table 18, parents almost unanimously *"agreed"* or *"strongly agreed"* that they were treated as a partner in planning by the school nurse/social worker and that the team used what the parent said. For the respondents whose meeting included a community partner in addition to the school staff most *"agreed"* or *"strongly agreed"* that the people from other agencies treated them as a partner.

Table 18. Parents' and students' perceptions of team meetings

	Respondent	Strongly Agree	Agree	Disagree	Strongly Disagree
The school nurse/social worker treated me as a partner in planning for my child.	Parents (n=321)	77.9%	22.1%	0%	0.0%
	Students (n=129)	55.8%	42.6%	1.6%	0.0%
The team used what I said about my child and family situation to develop a plan.	Parents (n=316)	73.1%	26.5%	0.3%	0.0%
	Students (n=124)	54.0%	43.6%	2.4%	0.0%
If there were also people at the meeting from other agencies, they treated me as a partner in planning for my child.	Parents (n=254)	70.5%	29.1%	0.4%	0.0%
	Students (n=98)	43.9%	54.1%	2.0%	0.0%

Source: Authors' tabulations of the CFST Parent & Student Survey 2011 (n=346 returned parent surveys & 139 returned student surveys)

Table 19 presents questions that were asked to parents to assess whether the meeting was run with fidelity.

Table 19. If you went to a team meeting, please answer the following regarding the most recent team meeting that you attended by checking one box for each question.				
	Respondent	**Yes**	**No**	**Don't Know**
I was encouraged to bring someone to support my family – a relative, pastor, coach, or other person involved in my child's life.	Parents (n=317)	71.0%	18.0%	11.0%
	Students (n=127)	74.0%	13.4%	12.6%
The person running the meeting asked me about my [child's] needs.	Parents (n=319)	96.2%	2.8%	0.9%
	Students (n=128)	92.2%	3.1%	4.7%
The person running the meeting asked me about my [child's] strengths.	Parents (n=319)	95.0%	3.8%	1.3%
	Students (n=128)	87.6%	4.7%	7.8%
The person running the meeting asked me about my family's needs.	Parents (n=317)	82.3%	14.2%	3.4%
	Students (n=128)	64.8%	21.1%	14.1%
The person running the meeting asked me about my family's strengths.	Parents (n=319)	85.6%	9.7%	4.7%
	Students (n=128)	71.9%	14.8%	13.3%
The team's plans built on the strengths of my child or family as discussed during the meeting. **Examples might include making plans based on:** **• a child's talents or interests** **• help from grandparents or other relatives** **• family customs or traditions**	Parents (n=316)	90.8%	3.8%	5.4%
	Students (n=129)	90.7%	2.3%	7.0%
Source: Authors' tabulations of the CFST Parent & Student Survey 2011 (n=346 returned parent surveys & 139 returned student surveys)				

Consumer satisfaction is often examined as a measure of the quality of services that an individual receives. Parents were asked, overall, what did they think about the program, and 86.5 percent reported that it was *"excellent"* or *"very good"* (see Table 20). Similarly, parents were asked if they would recommend the CFST program to a friend with a child at the school and the parent ratings were very high (n=345). Parent responses included "*definitely"* (72.8%), "*probably yes"* (25.8%), and "*probably not"* (1.4%). No parent responded *"definitely not."*

Table 20. Overall, what did you think about the Child and Family Support Team process?					
Respondent	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
Parent (n=334)	53.0%	33.5%	12.0%	1.2%	0.3%
Student (n=132)	43.2%	31.1%	18.9%	6.1%	0.7%
Source: Authors' tabulations of the CFST Parent & Student Survey 2011 (n=346 returned parent surveys & 139 returned student surveys)					

In addition to satisfaction, parents were asked about the perceived effectiveness of the program. As shown in Table 21, parents reported that the CFST program helped their children be more successful in school (52.3% *"strongly agree"* and 38.6% "*agree"*) and helped their child or family outside of school (49.4% *"strongly agree"* and 34.7% "*agree"*).

Table 21. Parents' and students' ratings of the following statements						
	Respondent	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**Don't Know**
The CFST program helped my child be more successful at school.	Parent (n=336)	53.3%	39.3%	0.9%	0%	6.6%
	Student (n=129)	50.4%	42.6%	2.3%	0%	4.7%
The CFST program helped my child or family outside of school.	Parent (n=313)	52.7%	37.1%	2.6%	0%	7.7%
	Student (n=119)	34.5%	46.2%	6.7%	0%	12.6%
Source: Authors' tabulations of the CFST Parent & Student Survey 2011 (n=346 returned parent surveys & 139 returned student surveys)						

Parents' comments on the CFST Initiative

The parents reported many positive comments about the CFST program, many citing examples of how the CFST program helped their children get the services and resources that they needed to succeed in school and life. Some parents felt the CFST program helped improve their communication skills with their child. Some parents commented on how they were included as an equal partner in the discussion of their child and ultimately the plan for the child. For example:

"They voiced concerns about my child's development and included me in the decision."

"They helped me and my children develop a plan to give my son a better class experience."

"The team listened to me and allowed me to share 14 years of success and problems and based the plan on this information. For the first time I felt heard and what I had to say seemed to be heard and important!"

Other parents commented on how the CFST team asked about their child's strengths, and focused on these as well as the needs of the child. For example:

"The team that I work with is great. They took in consideration the child's needs and addressed each one. They praised her on her attributes and helped me with obtaining help with her problems and weaknesses."

"The social worker did a wonderful job of focusing on my son's strengths when developing his plan. [social worker] brought up his good qualities more than negative. She made referrals to social services and mental health which have been a blessing."

"The team took the strength of my child as well as myself and came up with a service plan which we all participate in."

Other parents discussed how the CFST program has helped them with their parenting style. For example:

"The social worker and the nurse encouraged extra support that may encourage my son to do better as a student/person. This gave me ideas of how I can make our situation better in and out of school."

There were comments from a few parents that suggested the ways in which the model is being conceptualized but were not being implemented. For example:

"In order for the parents to know what's going on with their child, the school needs to keep the meeting as planned and not put off the meeting."

Comments from the students

Fifty-three students shared comments on how the CFST Initiative had a positive impact, and that the program helped them meet their needs and connect them to resources. Only one student made a negative comment about the program. The majority of students believed that the CFST program helped them in multiple ways, including helping improve communication with their parents, helping them improve in school and helping them with coping skills. For example:

"When I needed someone to talk to about how I was being treated in my house and finding help with my situations I felt comfortable talking with the child and family team."

"They met with me and my dad and we all sat down, talked about what was going on, and figured out solutions"

"They help me with my health. They also encourage me to do better and give me support and privacy"

"They help me with my needs. They help me with work. They help me with my behavior."

Recommendations

Develop a template for how to hire potential new CFST leaders. The skills and attributes of those hired into the CFST leader positions are important to the success of the program. Although the legislation mandates certain academic qualifications, there are additional criteria that could help identify those applicants that are most likely to succeed in these positions. Some skills can be learned on-the-job but, given relatively few dollars for training, considering the experiences and knowledge of a candidate is important. Having a checklist of items to address during the interview could help school districts ensure that they hire individuals who have a firm understanding of this new innovative program and who are best prepared to be a CFST leader.

Review how LEAs evaluate the performance of CFST leaders. How an individual's performance is evaluated can affect which competing job duties are given priority. Connecting CFST leaders' performance reviews to model components, such as having team meetings centered on when the family can meet, having good working relationships with community partners, identifying at-risk youth, and helping to improve student academic outcomes could help to ensure that the CFST program is implemented with a high degree of fidelity.

Continue to revisit the program model with all local stakeholders of the program. Respondents' perceptions of the importance of key model components varied. For example, community agencies recognize the CFST model as a key means for connecting community supports with the schools. At the same time, CFST leaders are cognizant that cross-agency collaboration, while important, can be time consuming. Revisiting the core program principles and alleviating barriers to implementing each aspect will help to ensure that the program is implemented consistently and rigorously.

Work with state and local agencies to streamline service planning documents across agencies. Currently, most agencies report that they need to use their own forms and plans for working with students and families. However, the goal of the CFST model is for there to be one child, one team, one plan. Streamlined paperwork could amount both to a more efficient process for state agencies as well as better outcomes for families because the demands placed on the families would be streamlined.

Continue efforts to improve cross-agency collaboration. Key stakeholders in the initiative mentioned difficulty connecting with other partners. The program should consider ways to facilitate better communication and collaboration across agencies.

Attachment 1: 2006-2007 Participating Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
Alamance	• Cummings High • Broadview Middle • Andrews Elementary • Eastlawn Elementary • Harvey Newlin Elementary • Graham High • Graham Middle	Anson	• Anson High • Anson Middle • Morven Elementary • Wadesboro Elementary • Wadesboro Primary
Bertie	• West Bertie Elementary • Winsor Elementary • Southwestern Middle • C.G. White Middle • Bertie High School • Bertie Middle	Caldwell	• Whitnel Elementary • West Lenoir Elementary • Gamewell Elementary • Gamewell Middle • West Caldwell High
Duplin	• James Kenan High • Rose Hill-Magnolia Elementary • Warsaw Elementary • Charity Middle • E.E. Smith Middle • Warsaw Middle	Durham	• Bethesda Elementary • Neal Middle • Southern High • Eastway Elementary • Y.E. Smith Elementary • Lowe's Grove Middle • Hillside High
Forsyth/ Winston-Salem	• Konnoak Elementary • Philo Middle • Parkland High • Ibraham Elementary • Middle Fork Elementary • Walkertown Middle • Carver High	Greene	• Greene Central High • Greene County Middle • Snow Hill Primary • West Greene Elementary
Halifax	• Northwest Halifax High • Southeast Halifax High • William R. Davie Middle • Aurelian Springs Elementary	Hoke	• Hawkeye Elementary (formally known as South Hoke Elementary) • West Hoke Elementary • West Hoke Middle • Hoke County High
Hyde (2 teams for 3 campuses. *designates shared campuses)	• Mattamuskeet Elementary • Mattamuskeet Middle* • Mattamuskeet High*	Martin	• E. J. Hayes Elementary • Williamston Middle • East End Elementary • South Creek Middle (formally known as Roanoke Middle)

Attachment 1: 2006-2007 Participating Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
McDowell	• McDowell High • East McDowell Junior High • Nebo Elementary • Eastfield Elementary	Nash-Rocky Mount	• D.S. Johnson Elementary • Williford Elementary • Nash Central Middle • Nash Central High
Pamlico	• Fred Anderson Elementary • Pamlico County Middle • Pamlico County High • Pamlico County Primary	Person	• Northern Middle • Southern Middle • Person High
Richmond	• Rohanen Primary • Ashley Chapel Elementary • Hoffman Elementary • Ellerbe Junior High • East Rockingham Elementary • Mineral Springs Elementary • Rohanen (Middle) Junior High	Scotland	• Carver Middle • Sycamore Lane Middle • Laurel Hill Elementary • Wagram Primary • Spring Hill Middle • I.E. Johnson Elementary • North Laurinburg Elementary
Swain	• Swain High • Swain Middle • Swain East Elementary	Vance	• L.B. Yancey Elementary • Henderson Middle • Southern Vance High • Pinkston Street Elementary • Eaton-Johnson Middle • Northern Vance High
Wayne	• Spring Creek Elementary • Spring Creek High • North Drive Elementary • Brogden Primary • Grantham School • Carver Elementary		

Attachment 2: 2010 – 2011 School-Based Child & Family Support Team Initiative Selected School Systems and Schools

School System	CFST Involved Schools	School System	CFST Involved Schools
Alamance /Burlington (6 CFST funded teams)	▪ Broadview Elementary ▪ Eastlawn Elementary ▪ Graham High ▪ Graham Middle ▪ Harvey R. Newlin Elementary ▪ R. Homer Andrews Elementary	McDowell (2 CFST funded teams. Two teams funded partially by blending CFST and other flexible funds)	▪ East McDowell Jr. High ▪ Eastfield Elementary* ▪ McDowell High* ▪ Nebo Elementary
Anson (4 CFST funded teams. One team serving two schools.)	▪ Anson High ▪ Anson Middle ▪ Morven Elementary ▪ Wadesboro Elementary & Wadesboro Primary	Nash/Rocky Mount (3 CFST funded teams. One team funded through other flexible funds)	▪ Nash Central High ▪ Nash Central Middle ▪ Williford Elementary ▪ D.S. Johnson Elementary*
Bertie (3 CFST funded teams)	▪ Bertie High ▪ Bertie Middle ▪ Windsor Elementary	Pamlico (2 CFST funded teams. Two teams funded partially by blending CFST and other flexible funds)	▪ Fred A. Anderson Elementary* ▪ Pamlico County Middle ▪ Pamlico County Primary ▪ Pamlico County High*
Caldwell (4 CFST funded teams. One team funded through other flexible funds half time)	▪ Gamewell Elementary ▪ Gamewell Middle ▪ West Caldwell High ▪ Whitnel Elementary ▪ West Lenoir Elementary (part time CFST)*	Person (2 CFST funded teams)	▪ Northern Middle ▪ Southern Middle
Duplin (5 CFST funded teams. One team funded through other flexible funds)	▪ Charity Middle ▪ E.E. Smith Middle ▪ James Kenan High ▪ Warsaw Elementary ▪ Warsaw Middle ▪ Rose Hill Magnolia Elementary*	Richmond (3 CFST funded teams)	▪ Mineral Springs Elementary ▪ Rohanen Middle ▪ East Rockingham Middle
Durham (6 CFST funded teams)	▪ Bethesda Elementary ▪ Eastway Elementary ▪ Lowe's Grove Middle ▪ Neal Middle ▪ Southern High ▪ Y.E. Smith Elementary	Scotland (6 CFST funded teams. One team funded through other flexible funds)	▪ Carver Middle* ▪ I. Ellis Johnson Elementary ▪ Laural Hill Elementary ▪ North Laurinburg Elementary ▪ Spring Hill Middle ▪ Sycamore Lane Middle ▪ Wagram Primary

Attachment 2: 2010 – 2011 School-Based Child & Family Support Team Initiative Selected School Systems and Schools

School System	CFST Involved Schools	School System	CFST Involved Schools
Greene (3 CFST funded teams. One team funded through other flexible funds)	▪ Greene County Middle ▪ Snow Hill Primary ▪ West Greene Elementary ▪ Greene Central High*	Swain (2 CFST funded teams. One team funded through other flexible funds one half of school year)	▪ Swain County East Elementary* ▪ Swain County High ▪ Swain County Middle
Halifax (3 CFST funded teams)	▪ Aurelian Springs Elementary ▪ Southeast Halifax High ▪ William R. Davie Middle	Vance (5 CFST funded teams)	▪ Henderson Middle ▪ L.B. Yancey Elementary ▪ Northern Vance High ▪ Pinkston Street Elementary ▪ Southern Vance High
Hoke (3 CFST funded teams)	▪ Hawk Eye Elementary ▪ West Hoke Elementary ▪ West Hoke Middle	Wayne (5 CFST funded teams)	▪ Carver Elementary ▪ Grantham ▪ North Drive Elementary ▪ Spring Creek Elementary ▪ Spring Creek High
Hyde (1 CFST funded team covering 3 schools)	▪ Mattamuskeet Elementary, Middle & High	Winston-Salem /Forsyth (4 CFST funded teams. 3 teams funded through other flexible funds)	▪ Carver High ▪ Ibraham Elementary* ▪ Konnoak Elementary ▪ Middle Fork Elementary ▪ Parkland high ▪ Philo Middle* ▪ Walkertown Middle*
Martin (2 CFST funded teams. Two teams funded partially by blending CFST and other flexible funds)	▪ East End Elementary* ▪ E.J. Hayes Elementary ▪ South Creek Middle* ▪ Williamston Middle		

2011 – 2012 CHILD AND FAMILY SUPPORT TEAMS SCREENING DECISION GUIDE

Student Name:	**Grade:**	**DOB:**
Completed by Who and Date:		

This form is to be completed by CFST Leaders as part of the decision making process for a student's inclusion in the CFST program. After a student is identified as a *potential* candidate for CFST services CFST leaders should enter the referral, then utilize school based resources such as attendance, discipline and health records to complete this form. Other sources of information may include regularly available resources (e.g. talking to other staff, etc.). While gathering this information does not have to be a lengthy process, it should be deliberate enough to adequately inform the CFST leaders in their decision making process. Once completed the CFST leaders should be better enabled to decide whether the case is appropriate for the CFST program.

Directions: Please answer the following questions as accurately as possible when considering whether or not to provide services to a student through the CFST. Use extra space on the back for notes, comments, etc.

As a precautionary measure make sure to search for each student's name in the case management system BEFORE adding him or her to the student list as another case.

1. Is the referred student enrolled in this CFST school?

☐ Yes *(continue to question #2)* ☐ No *(student cannot be served through the CFST at this school.)*
☐ Not currently enrolled but plan is to transition to this school *(continue to question #2)*

2. Does the referred student have a need(s) that places him or her at risk for academic failure or out of home placement? *Please use the list of needs below to help guide answer to this question.*

☐ Yes *(continue to question #3)* ☐ No *(student cannot be served through the CFST)*

******These needs meet the criteria for CFST services without any other considerations. However it is necessary to complete the entire form before making a determination*

.

- ☐ Retained one or more years in the past
- ☐ Failed 2+ core subjects (or subjects that will prevent graduation) in a recent semester or last school year
- ☐ EOC/EOG (score ≤2)
- ☐ Accumulated 10+ unexcused absences or 20 absences for any reason.
- ☐ Pregnant/Parenting
- ☐ Open CPS In-Home Services Case
- ☐ In DSS Foster/Kinship care
- ☐ In DJJDP court ordered supervision
- ☐ Adult Probation
- ☐ Attempted suicide or suicidal ideations
- ☐ Leveled Therapeutic Placement/Group Home
- ☐ Homeless/Unaccompanied

These needs would meet the criteria for CFST services if they can be directly connected to the student's lack of capacity to succeed academically or live in a stable home, and that connection can be described in space provided below.

- ☐ Frequently tardy or leaves school before school day is over
- ☐ Accumulated 6+ but less than 10 unexcused absences
- ☐ Socially awkward; difficulty building relationships with peers
- ☐ Family income too low to provide basic necessities
- ☐ Has been suspended from school for disciplinary reasons
- ☐ Experience w/bullying as victim or bullying others
- ☐ Non-compliant with a behavioral/mental health, or medical health service plan
- ☐ Non-compliant with medications (for behavioral or medical health conditions)
- ☐ Observed behavioral/mental health behaviors (e.g. impulse control, withdrawn, noted behavioral change) that negatively impacting academic performance
- ☐ High Risk behavior (substance abuse, sexual behavior)
- ☐ Parent or caretaker deployed with the military
- ☐ Experienced the death/illness leading to death of a parent, caretaker or closely connected individual.

- ☐ Chronic/acute disease that is negatively impacting academic performance
- ☐ Issues noted on the Pre- K or Kindergarten Health Assessment
- ☐ Parental Behavior/Circumstances (substance abuse, mental health concerns, suspected abuse/neglect)
- ☐ Parent/Caretaker Incarceration
- ☐ Victim of natural disaster
- ☐ Known gang involvement
- ☐ History of excessive absences from the previous school year

Description of the how needs are connected to the student's lack of capacity to succeed academically or live in a stable home:

_____
_____
_____
_____
_____
_

3. Is the student receiving appropriate services to meet the need(s) at the time of the referral?

(Note: "appropriate services" are those that are effectively meeting all of the student's needs. It is possible that students are being served by other agencies, but continue to experience issues connected that negatively impact academics. In such cases, it is appropriate to serve those students through the CFST.)

☐ Yes *(student cannot be served through the CFST)* ☐ No *(**Approved for CFST**-continue to question #4)*

If "yes", what are the services?

_____
_____
_____

4. Is the referred student's need(s) being addressed in an open CFST case?

☐ Yes (please do not duplicate the need) ☐ No (*please follow the protocol to connect the student to CFST Services based on his/her need(*

Notes/Comments: